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LECTURES AND THE CHARITY
OF THE CHURCH.

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BY REV. L. W. MULHANE

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LEPROSY

AND THE

Charity of the Church

BY
REV. L. W. MULHANE

"And Jesus making answer said to them: Go and relate to John what you have heard and seen.

The blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead rise again, the poor have the gospel preached to them." St. Matthew XI.—2 and 3.

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DEDICATED TO MY FRIENDS

OF THE

MEDICAL FRATERNITY

WITH WHOM MY RELATIONS FOR OVER FIFTEEN YEARS HAVE
BEEN OF THE MOST PLEASANT KIND, FORMED, AS THEY
WERE, AMID THE SAD AND VARIED CIRCUMSTANCES
OF HOSPITAL, PEST-HOUSE AND SICK-ROOM.

"God-like is the physician who is a philosopher."—HIPPOCRATES.

"The philosopher should end with medicine, the physician begin with philosophy."—ARISTOTLE.

"Honor the physician for the need thou hast of him."—ECCLESIASTICUS,
CH. xxxviii, vs. 1.

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PREFACE.

This book lays no claim to any originality. It is merely a compilation of facts picked up here and there. Portions of it have already appeared in a pamphlet issued a year ago. The demand for the pamphlet was so much beyond expectation that the compiler was induced to enlarge, revise and add some recent information, and put it in more durable form. He hopes his readers may obtain some faint idea of the awful scourge of leprosy, an ancient and yet prevalent disease, and of the heroic work of Charity accomplished by the sons and daughters of Holy Church who are engaged in the work of caring for lepers in all parts of the world, from Canada to the islands of the Pacific, and from Iceland to the regions of India.

L. W. MULHANE.

MT. VERNON, OHIO.

Feast of The Holy Guardian Angels, 1896.

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PART I.

LEPROSY.

CHAPTER I.

LEPROSY IN ANCIENT TIMES.

LEPROSY seems to be a very ancient disease. The 13th chapter of the Book of Leviticus treats of the law concerning leprosy in men and garments, and the 14th chapter, of the rites of sacrifice in cleansing leprosy. It was regarded by the ancients as a disease peculiar to Egypt. Herodotus speaks of it as existing in Persia. Pliny knew of it, as did Diodorus. Lucretius says: "Leprosy is a disease born in Egypt along the waters of the Nile, and nowhere else." The Hebrews brought it with them from their Egyptian slavery and the Mosaic law shows how dreadful must have been its ravages and how great the terror which it excited. Regarding it as a disease sent directly by God, they required that the person supposed to be infected should go and show himself to the priest, and, if in his opinion, the disease was leprosy, he was declared unclean and at once separated from the people. So strictly was the Mosaic law observed that even kings afflicted with the disease were ex-

pelled from their palaces and shut out from society, as is mentioned concerning Ozias in the last verses of the 26th chapter of the Second Book of Paralipomenon. Outside the gates of the cities and in secluded spots were usually found leper villages, where these outcasts of society dragged out their wretched lives, depending upon their own labors and the alms of the charitable for their living, as we find recorded of the four lepers outside of the city of Samaria, as mentioned in the Fourth Book of Kings, Chap. VII, and of the ten who came to Jesus Christ asking to be healed—St. Luke, Chap. XVII. No class of people were free from its ravages. Chap. V, Fourth Book of Kings, describes to us Naaman, the great general and valiant man, as being a leper, how he was cured by washing himself seven times in the River Jordan, and how Giezi on the same occasion went forth from the presence of Eliseus stricken with the disease. When a leper was cured, he came to the gate of the city and was examined by the priest as to whether he was truly healed or not. After this he went up to the temple, took two pure birds, made a wisp with a cedar branch and another of hyssop, tied together with a scarlet ribbon made of wool; an earthen vessel was filled with water and one of these birds was fastened alive to the wisp. The leper who was cured killed the other bird and let the blood of it run into the vessel filled with water. Then the priest took the wisp with the live bird, dipped both in the water tinged with the blood of one of the birds and sprinkled the leper with it. After this the live bird was let loose and the person healed and purified

in this manner was again allowed to mingle with his friends and use sacred things.

Father Calmet, the Benedictine scholar of the last century, in his "Dictionary of the Bible," gives the following summary of the Mosaic law which was to guide the Jewish priests: "The first indication of leprosy is an outward tumor, the second is a pustule or abscess, the third is a whitish or red and shining spot, to which the epithets, white, brilliant, are often applied. Whoever presented one of these marks was shut up for seven or fourteen days. The certain signs of leprosy were, first, a whitish, reddish shining spot; second, the hair pale and red in the same place; third, the part more deeply sunk than the rest of the skin. A simple white spot was not sufficient to cause a man to be called a leper; it was necessary that this should grow and increase. When the whole body was white from the head to the feet, it was *pure leprosy*; and when the flesh was covered with white tumors, and the hair, on the parts where these were to be seen, had changed color and become white, it was *inveterate leprosy*, and rooted in the skin. If in a cicatrice, or in a place which had been burned, a white tumor or a whitish spot was seen, shining or red, more depressed than the surrounding parts, it was a mark of *true leprosy*." This diagnosis is similar to the three forms of leprosy that the best informed physicians now mention, viz.: *tuberosa*, *macular* and *anaesthetic*.

Wallace, in his "Ben Hur," says: "These four are accounted as dead—the blind, the leper, the poor and the childless—thus the Talmud. That is, to be

a leper was to be treated as dead—to be excluded from the city as a corpse; to be spoken to by the best beloved and most loving only at a distance; to dwell with none but lepers; to be utterly unprivileged; to be denied the rites of the Temple; to go about in rent garments and with covered mouth, except when crying ‘unclean, unclean!’ to find home in the wilderness or in abandoned tombs; to become a materialized specter of Hinnom and Gehenna; to be at all times less a living offense to others than breathing torments to self; afraid to die, yet without hope except in death.”

Again he says: “Once Tirzah’s mother felt a dry scurf in the palm of her hand, a trifle which she tried to wash away. It clung to the member pertinaciously; yet she thought but little of the sign till Tirzah complained that she, too, was attacked in the same way. The supply of water was scant, and they denied themselves drink that they might use it as a curative. At length the whole hand was attacked; the skin cracked open, the finger-nails loosened from the flesh. There was not much pain withal, chiefly a steadily increasing discomfort. Later their lips began to parch and seam. . . . One day the mother led her child to the light and lo! the young girl’s eyebrows were white as snow. Oh, the anguish of that assurance! The mother sat awhile speechless, motionless, paralyzed of soul, and capable of but one thought—leprosy, leprosy! . . . Slowly, steadily, with horrible certainty, the disease spread, after awhile bleaching their heads white, eating holes in their lips and eyelids, and covering their bodies with

scales; then it fell to their throats, shrilling their voices, and to their joints, hardening the tissues and cartilages—slowly, and, as the mother well knew, past remedy, it was affecting their lungs, arteries and bones, at each advance making the sufferer more and more loathsome; and so it would continue till death, which might be years before them.”

IN CHINA.

The Rev. J. Edkins, D.D., the most distinguished sinologue now living and one of the most eminent authorities on the history of China, has written instructively of leprosy. In Chinese one of the first references to leprosy, he says, is the “Wars of the Contending States.” A passage in that history says Yu Jang painted his body with varnish to represent a leper, and removed his beard and eyebrows, punishing himself in this way to change his appearance.

This he did to disguise himself with a view to facilitate his assassination of an enemy, who had killed his feudal chief, ruler of Tsin. The enemy was T’sau Siang Tsi, ruler of the T’sau feudal State, not T’sau-chow-fu, where Shantung borders on Honan.

This author puts the origin of leprosy in China in the time of the Chow dynasty, 314-1121 B.C. In a Japanese work published in Tokio in 1781 and translated a few years ago by Mr. T’suchiya of New York and Dr. A. S. Ashmead of the same city, there is an allusion to a pupil of Confucius, who was supposed to be a leper. The diagnosis consisted in the fact that the master inserted his hand through the win-

dow casement of the patient's room, saying : " This good man has this hateful disease."

IN ROME.

A Latin tradition has it that a certain high official named Volusian, was sent by Tiberias to seek the Prophet, Jesus of Nazareth, and bring him to Rome, that He might heal the Emperor, who had been stricken with leprosy. When Volusian reached the city of Jerusalem, Our Lord had been crucified. The official was dumbfounded at the news that Pilate had dared to put to death one so remarkable, and at once set about to learn all he could of the works of Christ. Among others he met Veronica, it having been related to him that she possessed an image of the great Prophet. When it was shown to him he fell upon his knees and resolved to take Veronica with him to Rome and also Pilate as a prisoner. Pilate was condemned to perpetual exile and the Emperor was cured by looking upon the divine face imprinted on the veil of Veronica. Tiberias lived a year after being cured of his leprosy.

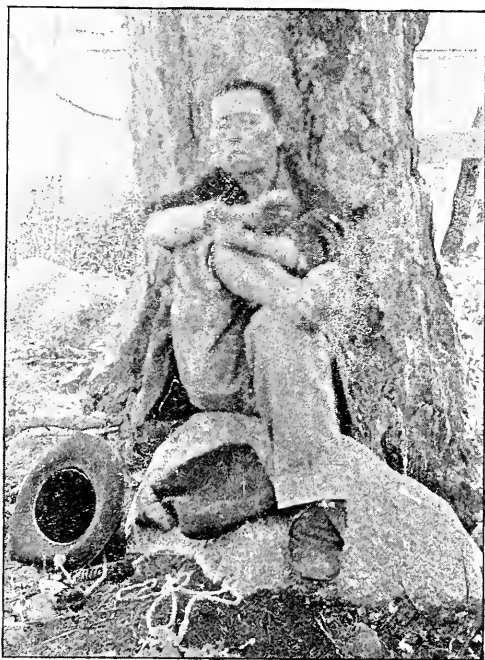
CHAPTER II.

LEPROSY IN THE MIDDLE AGES.

With the tide of emigration westward during the decline of the Roman Empire, leprosy was spread over Europe, and during the Middle Ages prevailed to such an awful extent that from the 6th to the 15th centuries the efforts of both the civil and ecclesiastical law never ceased to stop its spreading. The separation of the afflicted was still a universal practice, but under the influence of the church a more humane spirit presided over the treatment of the lepers, and hospitals and asylums were provided for them. In the 13th and 14th centuries the awful disease had made such headway that leper institutions might be said to cover the face of Europe, and at one time there was scarcely a town of any size in France but had its leper asylum. Michaud, in his history of the Crusades, says that the testament of Louis VIII., an historical monument of that period, attests the existence of two thousand *leproseries* (hospitals for lepers) in the kingdom of France alone. In England 110 leper-houses existed from the 12th to the 16th century, one of the best known of which was that of St. James at Arundel, the seat of the present Duke of Norfolk. This leper-asylum, the records state, was attended by an Augustinian friar, who received for his services forty shillings per annum. Sir James Y.

Simpson, Bart., of the University of Edinburgh, in his essay on "Leprosy and Leper Hospitals of England and Scotland," says: "By Astruce, Bach and others, it has been averred that the leprosy of the Middle Ages was introduced from the East by those who returned from the Crusades, though the disease was not unknown on the Continent at an earlier period and there were two leper-houses at Canterbury during the reign of William the Conqueror, seven years previous to the first Crusade." Henry III. was suspected of being a leper. Some writers have asserted that Henry IV. was afflicted with leprosy towards the end of his life. Robert the Bruce died of it and Baldwin IV., King of Jerusalem, died a leper at the age of twenty-three. In England, according to one writer, "The tenor of various civil codes and enactments made a leper legally and politically dead and he lost all privileges of citizenship." In the days when this awful scourge reigned supreme, the grand master of the order of St. Lazarus, instituted for the care and relief of the lepers, was obliged to be chosen from among the lepers. Father Helyot, in his "History of Monastic Orders," says: "What is very remarkable is, that the Order of St. Lazarus could only elect as grand-master a leprous knight of the hospital of Jerusalem, which lasted up to the time of Pope Innocent IV., that is to say, about the year 1253, when having been obliged to abandon Syria, they addressed the Pontiff and represented to him, that always having had, from their foundation, a leprous knight for grand-master, they found themselves in the impossibility of electing one, because the infidels had

killed all the leprous knights of their hospital at Jerusalem. For this reason, they prayed the Pontiff to allow them to elect, for the future, as grand-master, a knight who had not been attacked by leprosy and who



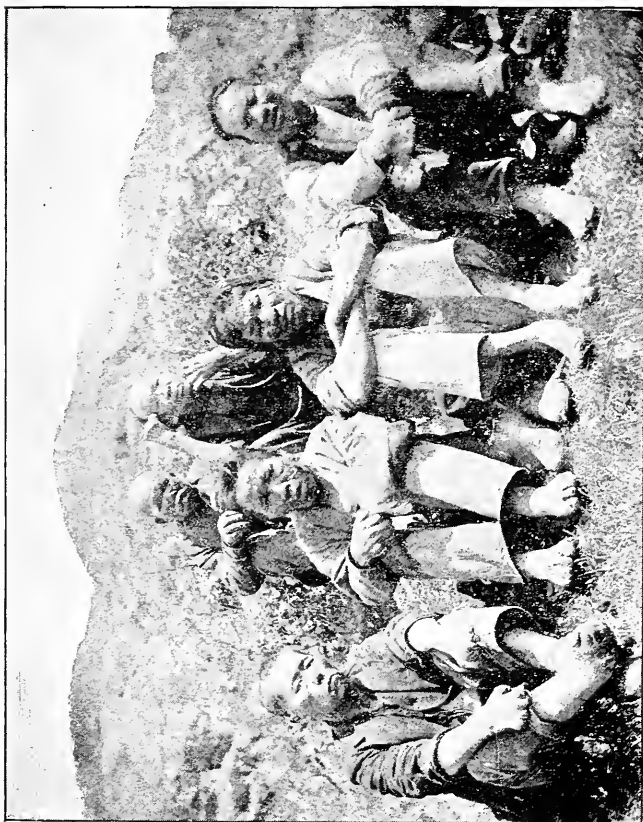
DEAD OF THE PLAGUE.

might be in good health ; and the Pope referred them to the bishop or Trascate, that he might accord them this permission, after having examined if that could be done according to the will of God. This is reported by Pope Pius IV., in his bull of the year 1565, so extended and so favorable to the Order of

St. Lazarus, by which he renews all the privileges and all the gifts that his predecessors had granted to it and gives it fresh ones.”

An authentic representation of the leprosy in the Middle Ages exists in a picture at Munich by Holbein, painted at Augsburg in 1516: St. Elizabeth gives bread and wine to a prostrate group of lepers, including a bearded man whose face is covered with large round reddish knobs, an old woman whose arm is covered with brown blotches, the leg swathed in bandages through which matter oozes, the bare knee also marked with discolored spots and on the head a white rag or plaster, and thirdly, a young man whose neck and face are spotted with brown patches of various sizes. Virchow thinks that the painter had made a study of lepers from the leper houses then existing at Augsburg.

straint whatever. The malady also exists elsewhere in France, notably in the neighborhood of the cities of Nice and Marseilles. Not a single country in



LEPERS ON DARCEY ISLAND, VANCOUVER, B. C.

Europe is free from it. It is found in Spain and Portugal, and in Italy the cases are so many that a lazaretto has been recently established at San Remo, on

the Riviera. It is very common in Turkey and the Grecian Islands. In Crete there are about 500 cases. In Sweden the disease is gaining a foothold, 462 cases being reported last year. In Iceland also it is increasing. The following list, though no doubt incomplete, of leper hospitals that are still maintained may give an idea of its extent throughout the world: At Cape Town, Mauritius; at Malacca and Singapore, at Colombo, at Madras, Cochin and Bangalore, at Bombay and Rajkot, and at Calcutta, Benares and Agra. There are also leper hospitals at Bergen, Molde and Trondheim, at San Remo, at Oporto, Coimbra and Lisbon, at Terceira (Azores), Las Palmas (Grand Canary) since the 15th century, and at Funchal (Madeira) since 1500; at Pernambuco, Bahia and Rio, at Macao for 200 years, at Canton, Damascus and Jerusalem; at Molokai, Sandwich Islands; at Cocorite, Isle of Trinidad; Tracadie, New Brunswick; at Tananarive and Betsileo, Madagascar; and at Indian Camp, White Castle, Louisiana.

CHAPTER IV.

LEPROSY IN THE UNITED STATES.

We find cases among the Chinese in California, among the Norwegians in Minnesota, and among the negroes in Louisiana. According to Dr. Fox, of New York, during the past ten or fifteen years there have been constantly from one to half a dozen or more cases in the hospitals of New York City, while others have been reported from Boston, Philadelphia, Baltimore, Chicago, and other cities. Most of these cases have occurred among sailors or others who have spent considerable time in tropical countries where leprosy is common, and there contracted the disease. Occasionally a press dispatch like this appears:

NEW YORK, Nov. 25.—A leper in whom the disease was well advanced was found in the street to-day. He was taken to the offices of the health board and examined by Dr. C. E. Benedict, of the Bureau of Contagious Diseases. Dr. Benedict ordered the man sent to the Reception Hospital. The man said he was Fito Delbo, and that he came here several months ago. Lately he has been living in the tenement 32 Cherry street.

Leprosy exists in Key West, but it is imported, and not indigenous, although the conditions of the climate favor it. The same may be said of the Chi-

nese lepers in California and those among the Scandinavians in Minnesota and other northwestern States. Nearly all the cities along the seacoast have had leper patients in their wards at one time or another.

Two cases in Ohio that have come under my personal observation have attracted universal attention, and for that reason I beg the indulgence of the reader for going into detail concerning them.

TWO OHIO CASES.

At the May, 1895, meeting of the Ohio State Medical Society, at Columbus, Dr. J. G. McDougal, of New Lexington, presented two cases of suspected leprosy to the physicians. The "Journal of Materia Medica," published at Terre Haute, Indiana, says: "The discovery of these cases has caused no little excitement and apprehension, and has filled the secular press from one end of the country to the other. We have been so accustomed to think of this loathsome disease as a thing entirely foreign to our country and as belonging to the ages of the past, that it is little wonder the discovery of these cases has created some excitement. If the feeling of concern shall crystallize into some definite action by the proper national and state authorities, looking to an immediate, enforced segregation of all lepers—both native and foreign born—then these poor children will not have lived and suffered in vain. We are indebted to Dr. McDougal for the following brief and accurate history and diagnosis of these cases, reported by him to the "Journal of the American Medical Association," in its issue of February 3, 1895:

ABSTRACT OF DR. M'DOUGAL'S REPORT.

On December 19, 1894, there appeared before the New Lexington Board of Pension Examiners, Hannah M. Garey, an applicant for a pension as a dependent child of George W. Garey, a deceased soldier of the One Hundred and Eighty-Seventh Regiment, Ohio Infantry. Examination disclosed that she was a victim of anæsthetic leprosy, the following manifestations of which she presented: The left hand and distal third of forearm were swollen and rather firmly thickened, the hand and wrist being about twice the normal size. The distal phalanges of all the fingers were lost and the stumps healed. The thumb was slightly flexed, the nail deformed, thickened, and discolored.

The hand was being amputated at the radio-carpal articulation by a narrow encircling ulcerative process, and the work was so near completion that only the ulnar vessels and a few tendons attached the hand. Both surfaces were covered by granulations and bathed with extremely foul-smelling pus. The right hand and fingers were swollen and clubbed, the distal phalanges of all the fingers lost, and the thumb affected as the left.

Both feet were swollen to one and a half times their normal size and the swelling also involved the lower third of the legs. The first three toes of each foot were lost at the middle of the proximal phalanges and the little toes at the distal joints. The remaining toes were clawed and the nails deformed. In the middle of the left sole was a deep ulcer, from which there was a very offensive discharge. All the affected members were

decidedly anæsthetic—the thermal anæsthesia being especially marked. There was an anæsthetic bleb, the



HATTIE AND HANNAH GAREY, LEPERS NEAR NEW LEXINGTON, OHIO.

size of a silver quarter, on the outer side of the right arm just above the elbow. The tongue, lips, and nose

were scarred and deformed from ulcerations that had healed. The subject of this description is eighteen years of age and this malady began to manifest itself when she was fifteen months old. In two or three years the toes began to ulcerate and come off, and the hands became involved, the flesh ulcerating from the fingers, leaving the blackened dry bones exposed, and these she persistently drummed on the tables and chairs, until her mother cut them off with shears. She menstruated regularly from the time she was fourteen years of age until about one year ago, when menses ceased. The drain from the amputating ulcer, which developed about eighteen months ago, probably caused the cessation of the menstrual flow.

Learning that a sister eight years of age had been similarly afflicted for three years, I visited her, finding the following evidences of the same disease: Her feet are clubbed and legs stocky, and the skin covering them is thick and scaly and decidedly anæsthetic. Two toes are lost from each foot. The hands are also thick and the skin covering them rough and anæsthetic; the nails are growing deformed and dark.

The parents and grandparents of these leprous sisters were all natives of Ohio and belonged to long-lived families. The parents were married in 1866. There are eight children and all are healthy except Hannah M., the fourth born, and Hattie, the last born. The mother is forty-four years old and healthy. The father was pensioned for sunstroke. He died from apoplexy March 10, 1893. The mother states that the only visible disease the father ever had was a skin eruption on the end of his nose and upper lip,

which gave off an offensive discharge. It developed a few years after their marriage and never healed. It must have been slight, as several acquaintances of whom I inquired had never seen the affection. He had consulted physicians about it, however, who had called it eczema and had treated him for it.

The One Hundred and Eighty-Seventh Regiment, Ohio Infantry, of which the father was a member, was stationed during the few months it was in service at Nashville, Tennessee; Dalton, Kingston, and Macon, Georgia.

I am willing to submit, without argument, that the father was a leper, in whom the bacillus lepræ did not vigorously thrive; that leprosy was *communicated* to him while in the South during the war, and that he communicated the disease to two of his children."

Dr. McDougal read before the meeting at Columbus a succinct report of the cases. In it he states that the hand of the oldest girl, as shown in the illustration, was removed and sent away for bacteriologic examination. The surgeon at Washington made a report, the latter part of which I quote:

"All the sections were stained for lepra bacilli, with negative result. Those sections containing giant cells were also stained for tubercle bacilli. None were found. The disease, therefore, in my opinion, is neither leprosy nor tuberculosis, which, by exclusion, throws some weight upon the suspicion of syphilis. (Signed) M. J. ROSENAU,

P. A. Surgeon, Marine Hospital Service."

To this report Dr. McDougal makes the following answer: "Because no lepra or tubercle bacilli were

found he concludes the disease is neither leprosy nor tuberculosis, and therefore must be syphilis. Relative to this I quote Morrow ('New York Medical Journal,' July 27, 1889,) who says: 'The bacillus is not found in the chronic sores or necrosed tissues and bones of the anæsthetic leper. Numerous and repeated examinations of sections of an amputated finger showed no bacilli.' The same author, in his text book published last year—1894—states with his first sentence on the diagnosis of the anæsthetic form of leprosy: 'While the identification of the lepra bacillus in the tissues is rarely practicable in nerve leprosy, yet the invariable presence of anæsthesia in established cases constitute a diagnostic element of almost pathognomonic value.' And similar statements are made by other authors. Did not, therefore, our esteemed bacteriologist go beyond the pale of scientific knowledge in expressing this opinion? And into the realms of speculation when he concluded it was, therefore, syphilis?" Dr. McDougal further adds: "Moses of old would have dealt with them as lepers on the discovery of far fewer and less characteristic symptoms than these, and without his camp would their habitation have been."

Dr. McDougal concluded his paper with these words: "For there is no doubt but that leprosy is on the increase, not only in other countries but also in our own. If what I have shown you is leprosy, let us do what we can to set aside all ignorant fear of the malady. In the face of a disease which has for ages been accounted one of the most dreadful of plagues, it is not surprising that the public should be

struck with panic. On the other hand, let us profit by the experience of the past and urge the adoption of measures that will prevent its spread." The writer, in company with Dr. McDougal, Drs. Moody and Gordon, of Junction City, Ohio, and Dr. Jno. E. Russell, of Mt. Vernon, Ohio, visited these cases on the 21st day of July this year. What appreciable change has taken place in the appearance of the victims during the past year leads only the more strongly to the conclusion that these girls are lepers. However, to use the words of Dr. McDougal: "They are not yet *indisputably proven* to be lepers."

Dr. A. W. Hitt, of Louisville, Ky., one of the editors of the "Journal of Materia Medica," and one of the most prominent leprologists of this country, was present at the Ohio State Medical Meeting at Columbus, and gave it as his opinion that these cases were genuine leprosy—the anæsthetic form. He is also authority for the statement that there are 522 genuine cases of leprosy in the United States. He has visited India, where there are 189,000 lepers, China, Egypt and the Sandwich Islands, and is competent to judge, as he has made a specialty of leprosy.

CHAPTER V.

LEPROSY IN LOUISIANA.

Leprosy is supposed to have been introduced in Louisiana by the French Acadians in the latter part of the eighteenth century, and ever since efforts more or less successful have been made to check its progress. In 1894, the legislature passed an act creating a Board of Control, whose duty it is to provide a home for lepers and their care. When a desirable location was nearly secured, the New Orleans City Council refused to permit the erection of the home, although as the Board says in its First Annual Report: "For years the unfortunate victims of leprosy had been allowed to travel on the street cars, eat at public restaurants, beg on the thoroughfares and otherwise expose an unguarded public." A location was finally obtained by lease for five years in Iberville Parish—at the old "Indian Camp" plantation near by White Castle, a desirable locality in every respect for such a home except from the point of accessibility. I quote from the Board of Control Report the particulars of its inception: "On the last day of November, the first contingent of lepers was transported from New Orleans, by night, to the home. This was accomplished with the greatest difficulty, on a coal barge, towed by a tug. For a time the existence of the home was threatened by the inhabitants of Iber-

ville Parish. A rational judgment, however, sup-
planted an early and misguided prejudice and the
poor sufferers were only pitied the more because they
wished for themselves the isolation which the law
compelled. Every effort was made to obtain reliable
information concerning the number of lepers at large
in the state. Communications were addressed to the
coroners in every parish (county). This was barren
of results and even of acknowledgment save in two or
three instances. By personal persuasion, through in-
dividual voluntary inclination and, in some instances,
by legal action, the number of lepers has been in-
creased to thirty-one." Of these, twenty-two were
born in Louisiana, five of these in the city of New
Orleans. Two were born in France and two in Ger-
many. Most of them are afflicted with "mixed lep-
rosy," and they range in age from sixty-five to
thirteen. Four of the patients are daughters of the
same mother, and another is a cousin to these.
Among the suggestions made by the board are these :
"It is our opinion that influence should be brought
to bear upon neighboring states, with a view to the
creation of legislation directed at leprosy, to protect
themselves and prevent lepers from Louisiana emi-
grating, in their desire to escape the law. Police au-
thority should be given the Leper Board as a body
and as individuals, so that lepers can be apprehended,
investigated and committed without the delay now
entailed." The report closes with these words: "If
this last attempt at controlling leprosy is to be a suc-
cess, it must be a radical one, it must be an actual
one, and unhindered by politics or other obstacles to

its broad purpose. Heretofore failure has only followed all attempts through the lack of interest of those in authority or through an inadequate idea of the importance of the office." Since these words were written, Drs. Dyer and Scherck of the board have resigned in consequence of financial difficulties. The State Legislature has not shown a disposition to uphold the efforts of the Board. The members of Iberville protested against the establishment of the home in their locality on the ground that its presence would depreciate the value of every kind of property in the neighborhood. On this plea purchase money was refused by the state, and when the present lease expires, it is likely no other locality will tolerate a leper settlement unless it be one of the uninhabited islands off the gulf coast. The settlement so far has been a success, sheltering many lepers who hitherto had hidden in the swamps or were concealed by their relatives in out of the way places. It is very unfortunate that the home loses the services of such capable physicians as Drs. Dyer and Scherck, but it is said it will not stop experimentations for a possible cure of leprosy. Col. G. M. Bowie of White Castle is said to be resolved upon having every cure reported from any part of the world tried in the home.

CHAPTER VI.

THE MENACE OF LEPROSY.

A communication which appeared last summer in the columns of the Cincinnati Commercial-Gazette, under the title of "The Menace of Leprosy," is so replete with information that I give it a place in these pages. By some it may be thought extravagant, yet it has food for reflection to those interested in the subject. The writer says:

"A terrible and constantly increasing danger menaces the lives of tens of thousands, if not hundreds of thousands of people in the United States. A horrible, lingering, living death, far more to be feared than either yellow fever or cholera, under which the individual either quickly succumbs, or is cured within a few days, is now face to face with the Americans in the incurable and loathsome disease of leprosy. Unless stern and determined measures are taken by the National and State Boards of Health, vigorously to exclude leper subjects from entering our Atlantic and Pacific ports, as well as from the Mexican and Canadian borders, we may within a few years be placed in the position of India, which to-day has a leper population of close upon 132,000, all of which has been developed within the memory of living men. And if a close scrutiny is not kept by our Consuls in foreign countries on the invoices of goods

sent from places where lepers abound, the contagion may be spread here to the same extent it was in Europe in the twelfth century, when there were no less than twenty thousand lazaret houses on that continent, and two thousand in France alone.

The disease is now right here among us. The Eastern and Southern States have had the germs brought to them direct from three sources—the West Indies, Canada and Southern Europe; the Western States from China, Northern Europe, and Oceanica. The leprous taint is gradually spreading in Louisiana, Florida, Minnesota, Iowa, Wisconsin and California, and it is also to be found in a lesser degree in Texas, Oregon, Utah, South Carolina and the Empire State of New York. Prof. Prince A. Morrow, M.D., Health Commissioner Dr. Cyrus Edson and Chief Inspector of Contagious Diseases Dr. Alvah H. Doty, have not hesitated on occasions to warn the people of the United States of the horrible peril now hanging over the country. Our most prominent dermatologists, who are intimately acquainted with the facts, not only through their theoretic scientific knowledge, but their practical experience with the disease, are all united as to the necessity of immediate quarantine restrictions being carried out. One of these, Dr. Leonard F. Pitkin, physician-in-chief of the Institute of Dermatology, and who was associated years ago with the late Profs. J. Marion Sims and John T. Darby, informed me a short time ago that while he was attending physician of the New York Dispensary and a member of the hospital staff at Ward's and Blackwell's Islands, case after case of leprosy was brought

to the notice of himself and associates, proving conclusively to them that the lazaretto established on North Brother Island, in Long Island Sound, had been brought into existence not a moment too soon.

Through the carelessness of the health authorities there has been allowed to come into existence at Key West, in Florida, and New Orleans, in Louisiana, two distinct and large colonies of lepers, nearly all of whom found their way to this country from Cuba and the British West Indian Islands of Barbadoes, St. Kitt's, St. Lucia and Jamaica, and these, like all the rest of the British colonies all over the world, are positively reeking with leprosy. Emigrants from there have not only found their way through the southern ports named, but have also been permitted to enter this country via the port of New York, which is claimed to have the most perfect system of quarantine in the world. Health Commissioner Emery, of Brooklyn, unearthed recently several cases of colored lepers who had come directly from Barbadoes, and they had been permitted for the last few years to commingle freely with the people in the City of Churches, until placed under municipal surveillance. Dr. Thomas Wildes, who was the American Consul for some years at Kingston, Jamaica, insists that it has been proved to his satisfaction that this frightfully infectious disease, which he carefully studied while in the West Indies, is rapidly spreading in New York and other eastern and Southern cities, and that cases which have lately come under his notice have been imported without any peradventure from the British insular possessions in the Caribbean sea.

Dr. Doty, Health Officer of the Port of New York, thoroughly appreciates the danger, and his mission to Havana, in consultation with the United States Medical Inspector Burgess, is not simply as announced, to study the present great mortality from yellow fever in Cuba, but also to become more acquainted there and at New Orleans, which he will inspect on his return, with the ravages resulting from leprosy. It is a strange circumstance that the disease, which was rife in Louisiana over a century ago, and where there was a very famous lazaretto, died out only to be resuscitated eighty years afterward by emigration from the West Indies. This, according to Dr. Pitkin, brings us to a very important question, that in the event of the annexation of either Cuba or the Hawaiian Islands, where leprosy is most rife, one of the consequences will be naturally free communication, without those custom regulations now existing. It is also not impossible that New Foundland, New Brunswick and Nova Scotia, all of which are dissatisfied with British rule, may likewise come under the jurisdiction of the Stars and Stripes. If so, the same trouble will have to be considered, particularly from New Brunswick. According to A. C. Smith, M.I., Inspector of Leprosy and Medical Advisor to the Lazaretto at Tracadie, New Brunswick, in his last report to the Minister of Agriculture at Ottawa, there are leper populations in New Brunswick, as well as in the adjoining British dependencies. Some of these lepers, he states, remain at large, notwithstanding he has taken "measures to prevent them from engaging in the preparation of codfish."

Dr. Pitkin insists that not a railway train should be admitted from Canada, or a ship from that country to any part of our territory, either on the Canadian border or to our ports on the great lakes, without a rigid search being made for possible cases of leprosy.

The disease is also spreading in our Northwestern States, through immigration from the Scandinavian countries of Europe. Norway is the most important European center of leprosy, where, in 1884, the leper population amounted to nearly two thousand two hundred. Minnesota, Iowa, and Wisconsin have, without any question whatever, leper colonies of Scandinavian birth and descent. This fact was substantiated by Dr. Brockmann, who estimated that "there must be in Minnesota alone 100,000 persons—of Norwegian descent—of leprous ancestors." Dr. Hansen, who discovered the bacillus of leprosy in 1874, and who made a tour of investigation in the sections of the United States just named, corroborates Dr. Brockmann's position. Immigrants from Southern Russia have, it is claimed, also been the means of spreading the contagion in some of our Western States, as well as in the cities on our Atlantic seaboard. This is an important fact, and should not be overlooked, in view of Sir Morell MacKenzie's statement that "leprosy is spreading to an alarming degree in Russia, and in almost every other quarter of the globe it is extending its ravages."

But of all foreign countries from which the dreaded disease has been brought to our shores, the worst is China. The immigrants from there have penetrated every city in the land, carrying along with them the

leprous germs, which through laundries and cigar factories, where they have been employed, have distributed the seeds of the disease by wholesale. Statistics gathered by the State of California have shown that the disease has been established on a firm footing there, and that it is distinctly attributable to Mongolian lepers, some of whom, discovered in New York, were quarantined on North Brother Island, where they still remain.

The development of the disease in Hawaii can be traced from its genesis in 1850. To-day one thousand two hundred of the worst cases have been herded together in the leper settlement of Molokai, which has proved conclusively the contagiousness of the disease. The most notable case on record in this connection is that of the humanitarian, Father Damien de Veuster, who, in 1873, left his *curé* in Hawaii to give up his life for the unfortunates kept apart from the rest of the world at Molokai. When he first took upon himself this act of self-sacrifice, and to which he died a martyr, he was a robust, healthy man. Three years later he developed incipient tubercular leprosy, the most horrible and virulent phase of the disease. Within ten years he was a corpse.

We are, however, in as great danger from foods and merchandise exported to this country from localities where leprous bacilli have practically taken possession of communities favorable to its spread, through the lack of proper hygienic conditions, and sustenances more suited to barbaric than civilized peoples. Sugar, bananas, and the like, that have been handled by leprous West Indian negroes, we can not protect our-

selves against, unless our Consular representatives keep a strict watch on the localities from which they are sent and warn the Federal Government of the danger in time. Tea and ginger from China, codfish from New Brunswick, and rags from the countries bordering on the Eastern part of the Mediterranean, have been particularly regarded by Dr. Pitkin and other dermatologists as of the most dangerous of all the ways in which leprosy may be communicated through the length and breadth of this country.

The fallacy dogmatically promulgated, in 1867, by the Royal College of Physicians and Surgeons of Great Britain and Ireland, that leprosy was not contagious, has been shown to be absolutely false by Dr. Hansen's discovery of the lepric bacilli in 1874. This is a slender, rod-like parasite, half to three-quarters of the diameter of a human blood corpuscle and one-fifth of its length. The British dogma of the non-contagiousness of leprosy is no longer heeded by American and other dermatologists. But many of the physicians and authorities in the British possessions still hold to the position taken twenty-eight years ago by the highest British medical authority, and the consequence is that our best authorities have to regard immigrants and products from all the colonial possessions of Great Britain with the most terrible dread.

Medical science seems to be united now in the belief that leprosy is not hereditarily transmissible, and Dr. Pitkin, as an evidence of this, called my attention to the fact that it was so recognized in the notable instance of the foundation of the Kapiolani Home at Honolulu for the non-leprous children of

lepers. It has also been discovered that women are less liable to the disease than men; thus, for instance, there are ninety-nine thousand male lepers in the East Indies to thirty-three thousand females. Although incurable in individual cases brought on by want of cleanliness, exposure to cold and damp, and the use of semi-putrid fish and meat and rancid oil, yet hygienic and proper sanitary conditions appear to have destroyed it in certain communities.



TUBERCULAR LEPROSY.

ANÆSTHETIC LEPROSY.

But it is erratic in its methods, as shown in the fact that the incubation of the disease may go on unrecognized from three to twenty years or more. Cases are cited of persons having resided in the Sandwich Islands, British Guiana, the United States of Colombia, New Caledonia, and elsewhere, who, although they unknowingly contracted the disease there, did not show traces of it for long years afterward.

Tubercular leprosy, Dr. Pitkin explained to me, begins in a different manner from that milder type of the disease, anæsthetic or painless leprosy. It commences by exhibiting small spots where the leptic, parasitic bacilli have made lesions or entrances into the flesh. Then tubercles develop, unite with others and give to the features a corrugated or furrowed appearance, or sometimes that of nodular prominences, egg-shaped in character. The cheeks become tumefied, the lips swollen, the nose thickened, broadened, and crushed in appearance, and the ears protuberant with thin lobes flabbily hanging down. The eye-brows and eye-lashes disappear, and other frightful changes take place, until in this, the first stage of tubercular leprosy, the physiognomy is altered into one hideous mass of disfiguration, and is no longer the human face divine.

The early development of anæsthetic leprosy is marked by the absence of febrile symptoms, but is accompanied by disorders of sensation and nutrition. Its principal symptoms are bluish red or reddish brown spots, deepening into brownish yellow, or sepia in tinge, according to complexion or race. Painlessness, or lack of sense, that is to say, anæsthesia, follows through the nerve fibers being destroyed in the parts of the body spotted. A person may have these symptoms in the system for fifteen or twenty years without having the faintest idea of the gravity of the situation. Later, paralysis of the nerves affects the facial muscles. Control of the eyelids is lost, and the eyeballs not being protected, inflammation and ulceration, through the exposure of the visual organs,

bring on total loss of sight. A distinguished feature of this form of leprosy is the leper hand, atrophy of the muscles, making it claw-shaped. Another is the paralytic club foot. In both of these characteristic symptoms the fingers and toes gradually drop off, gangrene eating them away. As in tubercular leprosy, death, which is painless, though longer delayed, finally results from physical exhaustion of the patient, bringing on dysentery, etc.

What shall be done, in view of the facts recited, to arrest the further spread of the disease in America? Dr. Pitkin insists that first, the state sanitary code ought to be amended to specifically include leprosy as an infectious, contagious, or pestilential disease, equally with cholera, yellow fever, small-pox, diphtheria, ship or typhus, typhoid, spotted, relapsing, or scarlet fever, which are, for instance, in New York, the only ones particularly named in its sanitary code as to be reported to the Board of health. Next, the National Board of Health should force on federal legislation looking toward the complete isolation and segregation of lepers who may hereafter immigrate to this country. The same national body should also take steps to bring about an international conference for the better protection of all countries against the curse of leprosy. But especially, and above all, the National Board of Health should see to it that the State Department shall instruct every United States Consul to watch carefully the onward march of leprosy in those foreign countries to which they are assigned, and to be imperatively instructed to refuse their consular certificates and signatures for any goods

proposed to be imported to this country against which there is the slightest suspicion of their having been handled by lepers, during the processes of production and manufacture, not forgetting to put an absolute boycott or quarantine on those ships the cargoes of which are handled by leper stevedores, a not unusual circumstance in the British West Indies.

If, however, these precautions are not immediately carried into effect, Dr. Pitkin does not hesitate to assert that we may have within the next ten years at least 250,000 to 500,000 lepers included among the inhabitants of the United States."

The possibility of leprosy spreading to such an alarming extent as mentioned in the above letter is denied by most authorities.

Major Joseph Dutton, who was the companion of Father Damien, the leper-priest mentioned in the above article, in a letter to the writer from Molokai, Hawaiian Islands, under date of July 12th of last year, says of the spread of the disease in the United States: "Your letter of May 24th received some time since, also the two clippings concerning the two New Lexington, Ohio, cases of leprosy. Cases of leprosy are appearing in various sections of the United States, several hundred cases in all, including the old time leper-colony in Louisiana; but I feel certain that special conditions surround every one of these cases and that the disease will not spread in the United States." This is the testimony of one who has lived and labored among lepers, dressed their sores and studied leprosy for the past nine years.

In another letter under date of Aug. 15, 1896, he

says: "The (lay) opinion I expressed to you last year relative to the probable danger from spread of leprosy in the United States was in accordance with my judgment then, and I yet have belief in its correctness. But still I must admit that later developments and the contrary views of many wiser heads, have caused me to think more deeply upon it. One thing we can note—that the majority of these cases are old ones. It is the recent shaking up the subject has received that has brought it before the public and made it look important." Opinions vary among the best informed as to its possible spread, at least in our Northern States.

Dr. Fox, of New York, says: "In the city of New York we constantly have a few imported cases of leprosy. Some of these go unobserved, while others are treated both in and out of our hospitals. The popular dread of the disease, which is as intense as it is unreasonable, is naturally heightened by the sensational accounts of lepers which are often to be found in the daily papers; and since this arises largely from an ignorance of the true nature of the disease, it seems to me to be the duty of the profession to allay as far as possible this uneasiness on the part of the public. But there are some physicians who claim that the danger is not a slight one, and that if lepers are allowed to go at large in this country we will soon find leprosy increasing here as it has increased elsewhere. I cannot believe that there is any ground for such a fear. Among the natives of the Sandwich Islands, who live in large numbers under the same roof and often in the same room, who have not the

remotest idea of personal cleanliness, and who obtain their food by dipping their ulcerated fingers into a common dish, it is not surprising that leprosy abounds. But the white population is remarkably free from the disease, and I have yet to learn of any instance where leprosy has ever obtained a foothold in and spread through an intelligent and civilized community."

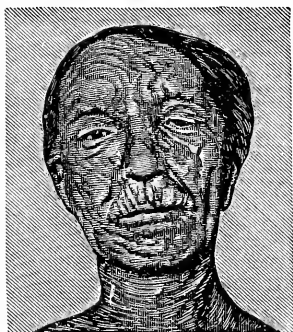
On the other hand many authorities might be quoted who contend that leprosy constitutes a constantly increasing danger to our country. The Chinese imported the disease into California on an alarming scale, and why may they not spread it among the people of our large cities, housed as they generally are in portions of cities, where they are less liable to sanitary supervision than almost any other part of the population? The physicians who advocate precautionary measures are not alarmists or extremists, but are men downright in earnest concerning the danger and are using their voice and pen in the effort to stop the possible awful ravages of a disease that has so far baffled medical science. Dr. Prince A. Morrow of New York, in a paper read before the New York Academy of Science, on "Personal Observations of Leprosy in Mexico and the Sandwich Islands," closes his remarks with these words, which I think sum up in a few sentences the most practical advice concerning the danger of the spread of leprosy in our country. "My own personal belief is that the extensive spread of leprosy in this country must be regarded a possibility, rather than a strong probability. Still, in dealing with a disease with which medical science has shown its utter inability to cope,

except by prophylactic measures, it becomes the manifest duty of the medical profession, in their capacity as guardians of the public health, to enlighten our legislative authorities as to this possible danger, and urge them to adopt measures for the isolation of every leper in our midst, and especially to prevent the immigration from foreign countries of those who bear in their systems the seeds of this frightful malady."

CHAPTER VII.

LEPROSY: DIFFERENT FORMS—HOW CONTRACTED— CAN IT BE CURED?

In tubercular leprosy, which is the severest form, death usually takes place within nine years after the symptoms are noted. The anæsthetic form may develop gradually and exist for a long time without any marked decline of health. Twenty-four years



TUBERCULAR LEPROSY.

has been given as the extreme limit of the latter form by physicians who have had the opportunity of observing it wherever it is endemic. Very often both forms are combined. After the first few years, very little pain is felt, until the disease strikes inwardly, then it becomes terrible. Leprosy is dying by inches, a morti-

fication by piece-meal like to that which goes on with dead bodies in the grave. Let an eye-witness of many cases describe it: "When leprosy is fully developed, it is marked by the presence of dark-red boils or sores of different sizes upon the face, lips, nose, eyebrows, ears, fingers and toes. The skin becomes wrinkled and shining and the features are very much distorted. The hair of the eye-

brows, eye-lashes, and beard fall off, the eyes become twisted in appearance, giving them a cat-like expression, the voice becomes harsh and nasal, the sense of smell is impaired or lost, and that of touch or common sensation is strongly altered. The parts with these ulcers upon them become, in the course of the disease, sort of paralyzed, and ulcers soften and open, making running sores. They attack the nose and throat, becoming very offensive. Cracks and ulcers appear on the fingers and toes, and joint after joint drops off by a kind of gangrene. It is a singular but fortunate fact that the leper suffers but little pain until his last days."

Science has made a long and exhaustive study of the subject in all its forms and phases, but with no satisfactory result. The surgeon's knife and the microscope have been used, but without the slightest advance, apparently, towards anything like positive knowledge regarding the nature and cure of the dread disease. Even to this day, doctors are not agreed as to whether it is contagious or not. Some say yes—some say no. Some say it is spread by inhalation, some say by contact, while others as strongly deny. Some will tell you that it is of parasitic origin, and claim to have discovered bacilli and microbes in the tissues of the leprous subject ; which, they say, puts the question as to its character beyond doubt. Others discredit these discoveries, or refuse to acknowledge that their presence, even if proven, is conclusive evidence that such parasites are the cause of leprosy, or that the fact of their existence, even if granted, would afford any clue toward a suc-

cessful treatment of the disease. In a word, the leper of to-day is no better off than he was in the time of Moses. Nothing more can be done for his malady, and now, as then, he must live and die an outcast from society, dreaded as a plague during life, and abandoned in death by all as an object of loathing and disgust." Prof. Herbert says: "Leprosy has its origin in microbes and is contagious," and adds that, "Danielssen, Boeck, Helra, and Virschou have denied that it is contagious; if so, how is it propagated? If not contagious, segregation is a stupid measure, utterly useless and shamefully cruel." Dr. Goto, the Japanese specialist, has obtained at Molokai, Sandwich Islands, a certain amount of success. He was employed by the Government until last year; but one who writes from there says: "Nobody has been cured, but it has apparently given a considerable amount of relief. It chiefly consists in taking warm baths prepared with a particular solution, which is the doctor's secret. A large amount of sulphur is also put into the baths. Besides this, a medicine is given for internal use. But it is the bathing which seems to produce the greatest relief."

The "Medical Bulletin," of Cali, Colombia, South America, of June, 1886, contained an article on leprosy, of which many cases are to be found in the interior of that country. The writer believes the disease can be acquired without contact, and cites the case of a man who had never been in a locality where the disease exists and yet became afflicted with it through falling into a river while heated from a day's sport.

James Ryder Randall, the well-known Southern journalist, and author of that inspiring Southern war-song, "Maryland, My Maryland," commenting upon the articles that appeared in the columns of the "Catholic Columbian" on this subject, says: "As I am in the critical and hygienic mood, I may as well express some convictions of mine on the subject of leprosy, which Father Mulhane has written of so graphically, learnedly, and interestingly in the 'Columbian.' Some eight years ago, I suggested to a Baltimore physician that leprosy had its origin in water-taint. He promised to investigate the matter, but probably forgot to do so. As the most eminent biological chemist in the United States is about formally to declare that the atmosphere does not germinate what is called malaria, but that it is water-borne, I hope to see leprosy scrutinized. When I suggested this to the greatest leper expert in the world, perhaps, he was amazed, and, from evidence I have, was subsequently persuaded of its truth. In Mexico, leprosy is directly traced to a certain lake water. Some of our priests or chemists should examine scientifically the water sources of the Sandwich Islands, for example. Possibly, I have alluded to this matter briefly before, but it is worth repeating, and I hope that Father Mulhane, unbiased by old theories, will give it his attention. I know the traditionally horrible surmise of its origin, but I also know that some at least of the victims are free from such reproach. I believe that the causes of disease are as simple as their remedies are, when ascertained; but there is a tendency to complicate everything, in law,

physic and even finance. We know well enough what the nidus of cholera is, and I am inclined to think that leprosy has its initial propagation in nothing more mysterious than water peculiarly contaminated or poisoned."

The following extracts are taken from the report of the President of the Board of Health of the Hawaiian Islands for the last biennial period, ending 1894 :

"Many eminent medical writers consider it to be very doubtful that leprosy is hereditary, but rather believe that children, born of lepers, contract the disease from their parents during childhood. There are certainly many reasons to believe so, if it is considered how few of the children, born at the settlement, who have been taken away when young, have developed the disease." Another important statement is "that segregation has now been practiced for about twenty-six years, and considering the natural decrease of the native population, and the number of new cases which annually occur, it would seem that, in proportion, there is now as much leprosy as at the commencement, if not more." The last report for 1895, says: "It is gratifying to report that there are indications that the disease is becoming less prevalent."

ITS CURE.

Not a single well-authenticated case is known that has been successfully treated. The victim may be afforded temporary relief by skillful dressing of his sores, but nothing more can be done for him.

Dr. Ashmead, of New York, the noted leprologist, says:

“The Japanese authors mention two methods of treatment, or rather two cures. The first was imported from China in the time of the Sung and Yuen dynasties. It consists in the use of acupuncture needles. Let the patient sit down naked in a darkened room; burn camphor as a light, and examine the entire surface of the body. In this way the poison under the skin may be seen plainly by the physician. Circumscribed blood-spots of various shapes will appear beneath the skin. If they are scarlet the poison is not severe; if dark purple it is of great strength. The physician marks with ink the circumferences of these spots as they are seen by the reflected camphor light. The spots are mostly on the face, hands, feet, and neck; very few of them are found on the chest or abdomen.

“Open the windows and puncture the spots with red-hot needles; the latter, heated in a charcoal fire, are used one by one within the marked places. Generally there is no bleeding nor is there any pain left; if there is bleeding and pain the spot operated on is not leprous. The needles may be introduced even to the depth of an inch, without causing any pain. After these operations the patient's body shows high temperature, his face reddens, his mouth is dry, and there is headache and intense thirst. Give him warm water to drink, and apply the hot flat-top needle to his bald vertex with a quick touch; thereupon he feels relief. The needles are used three days in succession; on the second day the acupuncture are made in the intervals between the first day punctures, when, however, the needle cannot penetrate deep

without causing pain; on the third day again puncture in the existing intervals.

"It cannot be denied that this treatment must be efficient, for it is clear that if every leper spot, or, as we might say, every bacillus, is disposed of, so is the disease itself.

"The other method consists in the use of turpentine or boiled pine wood. It has been used at least for the last 2,000 years; for Kakko, who wrote in 300 A.D., has a mention of it in his book 'Prescriptions Behind the Elbow;' that is, the pocket of the sleeve. We find a mention of it also in the 'Thousand Golden Remedies' compiled in Japan 640 A.D.

"Take some pure turpentine, boil it in a clean pan with spring or rain water, keep stirring it; when it becomes muddy and bitter pour it into cold water. Boil repeatedly until the liquid turns white and loses its bitterness. Dry in the shade; grind into powder, and make it fine. Use it thus: Make a soft boiled rice, mix the turpentine thoroughly with it, and eat freely of it. If the patient is thirsty let him drink nothing but pure water mixed with the turpentine powder. After ten days' use if vomiting and purgation come on, they are favorable symptoms. Resume the treatment from time to time."

Dr. Bouffe, of Paris, claims that he has discovered the leper bacillus in human blood and has adopted a "serum" treatment, but no authority at least on this side of the water places any confidence or hope in it. I know of no better statement of the condition of the subject as now known to medical science than that of Dr. Ashmead, of New York, made under date of

July 19, 1896. He places the entire case at present knowledge as follows:

“There are but three treatments to-day on which leprologists found their hopes, if they have any—the European treatment of Goldschmidt, the Carrasquilla treatment of Colombia, South America, and the Kitasato serum cure of Japan.

“Goldschmidt last December reported a case cured by the 5 per cent euophen in oil in the islands of Madeira. But as his report was made only five years after the alleged cure, no leprologist accepts it as authentic. Alvarez, the bacteriologist of the Hawaiian Board of Health, tells me that he has used it in the Sandwich Islands without success.

“The Carrasquilla serum treatment was tried by Dr. Carlos E. Putnam, a pupil of Carrasquilla in the Aqua de Dios leper hospital of Colombia, on forty lepers without success. Dr. Putnam took blood from the arm of a sixteen-year-old tubercular leper in an aseptic bladder, let it remain there until it had settled, then drew the supernatant serum by syringe through the wall of the bladder, and inoculated the serum into two asses and three she goats. His object was, as he wrote me, to increase, if possible, the natural immunity of animals by the immunity which a leper might be supposed to have acquired in a degree proportionate to the age of the disease. I say might be supposed; but such an immunity, in any degree, is but an hypothesis.

“After several days blood was drawn from these animals, and forty lepers of different types and grades of disease were inoculated with the serum. This was

done November 1 of last year. As yet no result has appeared.

“This treatment was first proposed in the Polyclinic of Bogota, July 1, 1895, by Dr. Juan de Dios Carrasquilla. It is built upon the theory that the leper bacillus can be cultivated in the blood current of an animal. No cultivation of the leper bacillus has ever been made in any other medium but the human tissue. The leper bacillus has never been found in human blood. Thousands of animals of all kinds—quadrupeds, birds, fish, etc.—have been inoculated, and no result was obtained. I myself, a believer in the intermediary host-function of the fish theory, inoculated fish with the leper bacillus, but without success. Even human beings have been objects of this experimentation. In these cases, when leprosy followed only after many years, it was, of course, impossible to say that it was due to the operation or to the development of the previously existing germ. So much for the Carrasquilla theory, which, as you see, was built upon the possible cultivation of the germ in the animal blood.

“Dr. Putnam’s theory is founded on the possibility of increasing the natural immunity of the animal by inoculating it with the probable acquired immunity of the leper.

“The two theories are essentially different, although the application is the same for both.

“Dr. Jules Goldschmidt, who spent twenty-six years on the Island of Madeira, in charge of Portuguese lepers, writes: ‘The Carrasquilla serum, or any treatment by serum in leprosy, is, according to my

experience, perfectly inadmissible. Till nowadays—and there is not the slightest proof to the contrary—the Hansen bacillus has never been cultivated, and animals are quite “refractaires.” How on earth can it be possible under such conditions to obtain a “serum”? You remember what I said about “leprine” in my book “*La Lèpre*”? But this “leprine” is to be compared to the “tuberculine,” and has no affinity with a serum.

“‘There must be some fundamental misunderstanding regarding “leprosy serum.”’

“Dr. Havelburg, the bacteriologist of the Hospital dos Lazaros, Rio Janeiro, says in a letter to me of date May 26 last: ‘Regarding serumtherapy, I am thoroughly skeptical. In regard to leprosy, we hardly could talk of such as long as the culture of the lepra bacillus has not been made. Those experiments in Colombia, South America, appear to me to be very naïve. I neither believe in nor trust them.’

“‘As to the Kitasato serum cure, it is not original, being simply based upon Behring’s idea of the anti-toxine diphtheria serum. No advance has been made nor is likely to be.

“‘Dr. Goto’s ‘Japanese treatment,’ which consisted of systems of baths and tonic and eliminative treatment, has had a fair trial in Hawaii and has failed. Dr. Goto had been taken from Japan by the Hawaiian government and given full opportunity to apply his methods.

“‘The antivenom ‘treatment of Calmette and Fraser’ was never tried, but a treatment almost identical has been known in Japan for a thousand years.

It consists in dissolving the snake *mamushi* in wine and using this solution internally. No favorable results were ever recorded.

“Dr. Carreau, of Guadeloupe, noting that a leper’s skin became smoother after being bitten by a viper, which eventually killed the man, thought that by using a remedy that would act in the same way as the viper poison; that is, by increasing considerably the amount of hemoglobine in the blood, grand results might be obtained. He used the chlorate of potassa, a drug which has such an effect, but this also was unsuccessful.

“These are the only known remedies upon which, in late days, the hopes of leprologists were built.

“We are thrown back, even now, on the old India treatment, the *chaulmoogra* oil, which is one mainstay in the treatment of leprosy. It does not cure, because the disease is incurable.”

CHAPTER VIII.

LEPROSY AS DISCUSSED BY THE PAN-AMERICAN MEDICAL CONGRESS.

In the report of "The Transactions of the First Pan-American Medical Congress," held in Washington City in 1893, much valuable information can be found upon this subject.

Dr. Beaven Rake, of London, Medical Superintendent of the Trinidad Leper Asylum, late member of the Indian Leprosy Commission, read a paper on "The Communicability of Leprosy," in which he says: "To Hansen of Bergen is due the epoch-making discovery of the leprosy bacillus and the inauguration of a new and scientific study of the disease. In 1880 he was able definitely to announce the discovery of a specific bacillus in leprosy. And Neisser, in the autumn and winter of the same year, working at the San Lazara Leper Hospital at Granada, Spain, confirmed Hansen's results and applied the anilin-colors tests, which have since been recognized as distinguishing the bacilli of leprosy and tuberculosis from those of other diseases. Since then Hansen's discovery has been confirmed by observers in all parts of the world, and it may now be affirmed that the leprosy bacillus is present in some part or parts of the body of every leper at some period or other in the course of the disease." Dr. Rake, in his paper, goes into detail concerning the results

which have attended the attempted cultivation of the bacillus of leprosy. Culture experiments were not very satisfactory, as when introduced into the body of a healthy animal, they did not produce the disease. At the Trinidad Asylum, the doctor inoculated cats, pigs, rabbits, bats, fowls, a parrot and a dog with pieces of cutaneous nodules and the discharge from the ulcers. But he says from a consideration of all evidence, he must conclude with Besnier that leprosy is an essentially human disease and cannot be transmitted to animals. He concludes his paper by stating that the risk of communicability of leprosy is so small that for practical purposes it may be disregarded, and that for an explanation of the occurrence of new cases we must look to causes other than association of the healthy with the lepers. In the discussion that followed many of the doctors present dissented from this view. Dr. Politzer said: "I believe in certain localities leprosy bacilli are always present outside the body, and that residents in these localities are constantly taking the bacilli into their respiratory passages mixed with dust, or into their alimentary canals in food or water."

Dr. Geo. W. Woods, Medical Inspector, United States Navy, in his paper, says: "The facts and the reports of independent observers in all lands where leprosy exists, demonstrating that we are in a period of extension of this disease, call upon the medical profession in all lands to arouse the people and work with the government for its repression. The views entertained on the subject have been so widely at variance, that a British leprosy commission was or-

ganized and sent to India in 1890, which has but recently reported the result of its labors and its conclusions. The commission was composed of members of the colleges of physicians and surgeons of London, Indian medical officers, and representatives of the "English Leprosy Fund." A year was spent in the investigation, 2,000 lepers were examined and answers to carefully prepared interrogatories were received from a majority of the medical officers of the Indian Civil Service and the medical officers of the army. A wider or a more complete field for a harvest of knowledge can not be conceived, extended by interrogatories addressed to the other colonies and countries similarly affected, and the conclusions of the commission are thus summarized: (1) Leprosy is a disease *sui generis*; it is not a form of syphilis or tuberculosis, but has striking etiological analogies with the latter. (2) Leprosy is not diffused by hereditary transmission, and for this reason and the established amount of sterility among lepers, the disease has a natural tendency to die out. (3) Though in a scientific classification of disease leprosy must be regarded as contagious and also inoculable, yet the extent to which it is propagated by these means is exceedingly small. (4) Leprosy is not directly originated by the use of any particular article of food, nor by any climatic or telluric condition, nor by unsanitary surroundings; neither does it peculiarly affect any race, or caste. (5) Leprosy is indirectly influenced by unsanitary surroundings, such as poverty, bad food, or deficient drainage or ventilation, for these, by causing a predisposition, increase the susceptibility of the individual

to the disease. (6) Leprosy in the great majority of cases originates *de novo*; that is, from a sequence or concurrence of causes or conditions, dealt with in the reports, and which are related to each other in ways at present imperfectly known." Dr. Woods, who has spent much time at the leper settlement of Molokai, agrees with the first and second conclusions of the British Leprosy Commission. To the third, he says: "Hawaiian experience compels an entire dissent to the statement that "its propagation by these means is exceedingly small," for there is every evidence that it has thus spread over the island. Fourth, the conclusion, undoubtedly not to be controverted, that leprosy has not its origin in any particular article of food or in any climate, with the exception that a dry situation, with a high temperature, is favorable to staying the progress of the disease, is sustained. He agrees with the fifth conclusion. To the sixth, he says: That leprosy arises *de novo*, according to the commissioners, has only to be mentioned to arouse a smile of derision and is a most impotent conclusion to valuable work, which has rather sustained previously expressed opinions of eminent students of this disease rather than added to knowledge of the subject. As regards prophylaxis, the commission recommended perfect hygiene and segregation, which is all that Hawaiian medical men have found from experience to be worthy of consideration; and with reference to therapeutics the same conclusion has been reached, viz.: no cure. That the various oils recommended, especially Chaulmoogra oil and arsenic, are palliatives, and all the other proposed remedies have

proved utter failures. Dr. Woods further says Dr. Arning, of Hamburg, failed in his cultivation of the bacillus in an artificial soil and also in the inoculation of the lower animals, but apparently succeeded with a criminal, Kenan by name, whose sentence of death was commuted to penal servitude in consideration of his consenting to experimental inoculation with the bacillus. Dr. Arning's experiment established the wonderful vitality of the bacillus leprae and its extraordinary power of resisting putrefaction, an examination of the dead showing the germs to be in a state of activity after three months of interment. This observation may be of great importance in any inquiry into the etiology of leprosy. As regards the case of Kenan, he was inoculated September 30, 1884, and in March, 1885, microscopic examination revealed the bacillus in large numbers near the spot of the inoculation, and again fourteen months afterward, though there were no evidences of leprosy. Later and after Dr. Arning's departure Kenan became a developed leper and subsequently died of the disease. This case promised to be one of great importance as establishing the contagion or inoculability of leprosy, but investigation, made subsequent to Dr. Arning's departure, seems to prove that Kenan came from a leper family by heredity, if that be admitted as a factor, or like exposure to cause, if we wish to exclude contagion—may have been affected with the disease. No such experiment, however, was necessary to an unprejudiced observer of Hawaiian leprosy to prove the truth of contagion."

Two cases were reported to the Pan-American

Congress, perhaps similar to the New Lexington (Ohio) cases already alluded to in a previous chapter. One has been reported by Dr. Benson in Dublin. A man returned from service in India and developed leprosy. His brother, who had never been out of the United Kingdom, slept in the same bed with him and about two years afterwards this brother also became a leper. The cases were shown at the Dublin Medical Society, and there seems to have been no doubt as to the diagnosis, for doctors were present who had seen leprosy abroad. The second case occurred in Maryland and was reported by Dr. Atkinson. A woman who had not been out of the country became leprous some years after contact with a leper. In Maryland we know that leprosy is not endemic, and yet it must be remembered that there are hundreds of doctors, nurses and attendants in constant contact with lepers, but these never develop the disease. Joseph Dutton, the companion of Father Damien on the island of Molokai, says in a private letter: "Some years ago I thought there were some signs of leprosy coming over me, in fact, there were some signs, and one of them is not yet fully explained. Others signified nothing after a lapse of time and all have passed away. For the past five years or more there has been nothing with me indicating a suspicion of leprosy. Indeed, I am beginning to think I am in some way or other fortified against it, for surely no one could have had, in a legitimate manner, more opportunity for taking it as in attending the sick, dressing sores, etc., and in eating the common food handled and cooked by lepers, as I have done." Dr. Hugus, of

Ravenna, Ohio, who spent three and one-half years on the Hawaiian Islands in the employ of the Government, in a private letter, says of leprosy: "As to its contagiousness, I am satisfied that it is so, however, but to a slight extent. With my hands intact and skin unbroken, I would have no fear of handling a leprous patient, but with any sores upon them, I would be rather chary. I am satisfied that with proper enforcement of the laws already existing on the Islands and the enforcement of the law of segregation, leprosy would in time be unknown there. That state of affairs must, however, come about by the death of those now afflicted by the disease, as there is, in my opinion, no known cure of the disease. Of another thing, I am satisfied there are to-day more lepers at large in the United States than are on the Hawaiian Islands. Since having seen the disease, I am well satisfied that some twenty years ago, we had a leper a few miles from this place (Ravenna, Ohio)."

“THE SINGING LEPER.”

By Eleanor C. Donnelly.

Deep in the heart of a solitude,
A huntsman, straying, found
A dying leper in a wood,
Stretched, singing, on the ground.

Yea, singing on a bed of ferns,
In strains so sweet and strong,
That never had the huntsman heard
So ravishing a song:

“ I see a glory in the air,
And in the midst thereof,
A radiant Face. O grave and fair !
How full of pitying love ! ”

So ran the words. The strong man stooped
Above the leprous thing ;
“ God save thee, brother of the worms,
How canst, forsaken, sing ? ”

Out of the pallid lips, the sweet
Unearthly whisper stole:
“ There's nothing save this wall of flesh
'Twixt heaven and my soul:

“ This foul, corrupted wall of flesh—
Behold ! it drops away,
Should not the ransomed captive sing ?
I shall be free to-day ! ”

And even as the huntsman gazed,
Loosed was the singer's soul ;
A shower of lilies hid the corse—
The leper was made whole.



FATHER DAMIEN.

PART II.

THE CHARITY OF THE CHURCH TO THE VICTIMS OF LEPROSY.

CHAPTER I.

CARE OF LEPERS.

Hospitals for the relief of lepers seem to have been unknown among the nations of antiquity. Almost from the commencement of the Christian era, pious associations were organized for the care of these unfortunates and the great writer, Pierre de Belloy, in his work, "Origin and Institution of Different Orders of Chivalry," mentions an Order of St. Lazarus, founded in the year 72 A. D., so called from Lazarus, the beggar mentioned in St. Luke, xvii: 21: "And there was a certain beggar named Lazarus who lay at his gate full of sores." These orders and homes were consecrated to St. Lazarus, hence the name—Lazarettoes—or to Job, for many were of the opinion that Job's disease was leprosy, and of such malignity as rendered it incurable and so produced a complication of diseases. Matthew Paris says that at one time there were nine thousand hospitals or lazarettoes in Europe. The victims were separated from their friends and obliged by law to keep close to the hos-

pitals; they had marks fixed upon their garments whereby they might be known, and generally carried a little bell or clapper with them, that they might announce their coming and so be avoided. The Council of Orleans, in 549, and that of Lyons, in 583, prescribed to the church authorities the duty of clothing and supporting lepers.

The Crusaders brought the disease from the East into Europe, and they afterward established a military order of St. Lazarus at Jerusalem, in the early part of the 12th century, whose duty it was to take charge of the victims and their asylums in the Holy Land. These Knights of St. Lazarus, after being driven out of Palestine, established themselves in France and instituted a celebrated lazaretto outside the gates of Paris. Afterward, under the protection of several Popes, they settled in Sicily and lower Italy, but with the disappearance of the disease they lost their distinctive religious and charitable character, in accordance with which their constitution required the Grand Master to be a leper. Glorious age of Christianity! What power! What sacrifice that thus could organize men to look after the victims of dread leprosy—that awful disease that science cannot prevent! Medicine and skill can stay the ravages of smallpox, curb cholera and yellow fever, ward off the attacks of hydrophobia, but God alone can cure leprosy. “There were ten lepers and are they not now clean?” But even in the days of the “Ages of Faith,” the leper under the most favorable circumstances was completely and forever an outcast from the world, being considered both legally and politically a dead per-

son. He was forbidden from entering any place where food was being prepared, from dipping his hand in any running water, and from taking up any food or any other necessary article without using a stick or fork.

Leroy de la Marche: "*La Lepre et les Lepros-eries*"—Paris, 1892, says: "Michelet and his school have seized on the phantom of leprosy, shaking it, just as the leper himself used to shake his rattle to frighten the passer-by. According to these writers leprosy was a consequence of the filthiness of our ancestors. People never washed in the Middle Ages; therefore leprosy was the result of a spontaneous generation in the dung-hill on which society was rotting. And since the Catholic Church had formed medieval society to her own image, she alone was responsible for the ravages of the terrible malady. And the church not only originated leprosy but she persecuted its victims. She thrust the unfortunates into loathsome huts, banishing them forever from human society; she cruelly condemned them to be devoured by the fire in their frames, augmenting their physical sufferings by the tortures of perpetual solitude. The theme has become hackneyed."

Rev. Reuben Parsons, D.D., in a recent number of the "*Ave Maria*," gives an account of a document discovered in 1891 by M. Abel Lefranc, giving the rules for the leper house of Noyou, which had been composed by the Catholic Bishop of that place—1250-1272. In those days no person made a will without leaving some legacy to charitable institutions and especially to leper-hospitals. The lepers formed a sort

of religious confraternity under the immediate direction of the bishop, but the immediate superintendence of the community, lepers and all, was confided to a "Master" and to a "Council," all elected by the lepers. All who were able took their meals in the refectory. The inmates wore a uniform, but this dress presented nothing of that sombre and repulsive aspect of which we often hear. Each leper had an excellent bed and plenty of clean linen. No leper was allowed to enter the kitchen or the bakery, but all the rest of the establishment was open to them. Every possible provision was made for the most minute and scrupulous cleanliness of person as well as of every nook and corner of the institution. The utmost care was devoted to the spiritual interests of the lepers. They had a beautiful church and a chaplain always at hand. Games of chance were prohibited, but all other means of recreation were provided.

In the preface to a little work—"The Leper Queen, or the Legend of Aleidis," the writer gives this description of the care of the church for the welfare of the poor lepers. The misery of these poor outcasts, as witnessed in his own land, touched the loving heart of St. Francis of Assisi, who induced his brethren to provide out of their poverty hospitals and sustenance for the lepers near the convents and monasteries of their order. Hence, arose the "Homes for the Christian Brethren, which became the coveted refuge of these unhappy beings and eventually superseded the pest-houses, whose very existence had borne testimony to the demoralization which fear can produce among men.

They were usually erected under the shelter of a mountain, or near the outskirts of a forest, but as far as possible from the highways, and as a matter of course, in a district remote from any village or town.

The building contained one large hall, surrounded by the benches of stone or wood that formed its only furniture, and lighted by apertures, placed high to prevent the escape of any of the inmates. Ingress was afforded by a single door to this den of horrors, whence egress, alas! there could be none, except in case of death, and then the corpse of the poor creature thus happily released, appears to have been borne out and buried within the precincts of what was most truly their prison-house by his surviving companions, who probably envied his lot.

Of chaplains or spiritual aid provided for the inmates of the pest-houses no mention is made. For clothing and sustenance they were left to the alms of the charitable and the affection of relatives or friends—a sadly precarious dependence in such troublous times, and these were handed through an opening in the door, made “at the height of a man’s face,” by means of a long pole, by the donor or his almoner, who stood outside a fence at a distance of ten feet from the pest-house. No other communication than this was allowed with the outside world. And truly few outsiders availed themselves of even so much. In the hospitals erected by the charity of the Friars Minor, small cells, each only large enough to accommodate one person, were raised on a plot of ground at no great distance from the convent.

Each cell was surrounded by a fence at the pre-

scribed distance of ten feet, and provided with a stone bench, a bed and a crucifix, for the comfort and devotion of the inmate. A kind of turn near the door, in which a daily supply of food and water was deposited, with a pitcher and a wooden cup, completed the furniture of these humble abodes, for whose occupants the title of *The Poor Brethren*, by which they are generally called, was surely a fitting one. At fixed hours, a lay brother, or a testary of St. Francis, passed from one to the other of the cells, armed with a pole, similar to those carried by the man-hunters, and followed by an attendant laden with provisions and such remedies as might alleviate the misery of the sufferers in some degree.

The lepers were visited from time to time by such of the friars as were deemed most skillful in leechcraft, and if anyone, as in rare cases happened, was found on careful examination to have been healed, he or she were transferred to a lodging apart from those appropriated to the plague-stricken, and after a sufficient probation, if no trace of the disease reappeared, was suffered once more to go at large.

CHAPTER II.

SANDWICH ISLANDS.

I can give no better idea of the charity of the Church towards the victims of the awful scourge of leprosy than by reprinting an article of mine on Father Damien, known now, since his death, as the leper-priest—the hero of Molokai. It appeared originally in the columns of the “Catholic Columbian.”

The hero of Molokai, Father Joseph Damien de Veuster, was born at Tremeloo, Louvain, Belgium, January 3, 1840. At nineteen years of age he was a student at the famous Catholic University at Louvain. Having received minor orders, and belonging to the missionary society of the Sacred Hearts of Jesus and Mary, under whose care the preaching of the Gospel in the Sandwich Islands had been placed, he offered himself as a missionary in place of an older brother, who was prevented by sickness from going to Honolulu.

Arriving there as soon as he was of the required age, he was ordained priest by the Bishop and performed the ordinary duties of a missionary priest until 1873. In that year he was present at the dedication of a little chapel on the Island of Maui and heard the Bishop express a regret that he was unable to send a priest to the leper settlement on the Island of Molokai. He at once offered himself. He was

accepted, and, with the Bishop and the French Consul, set out in a boat loaded with cattle for Kalaupapa, the port of the leper settlement.

At a public meeting of the eight hundred lepers, half of whom were Catholics, the Bishop said: "Since you have written me so often for a priest, I have at last brought you one." Father Damien bade good-bye to the Bishop, and as the boat left the harbor he turned at once to begin work and enter upon his new mission, knowing full well that he must sooner or later contract leprosy, so loathsome that it has been said: "Corruption could go no further, nor flesh suffer deeper dishonor this side of the grave."

He had no church, no house, no purse. He slept for some weeks under a *pandanus* (screw-pine) tree, under which his body now rests, within shadow of his little church, built by his own hands and watched tenderly by his American friend, Joseph B. Dutton. The flowers of the tropics nod their heads above his mortal remains, the booming of the waves of the Pacific as they roll upon the coral reef shore is softened by the prayers of the lepers as they gather in the evening twilight about that little mound, under whose green turf rests the body of one of earth's great heroes, one of God's noble priests.

Father Damien found the situation deplorable. At the base of the cliffs, three thousand feet high, at the northern extremity of Molokai island, juts out into the ocean a peninsula three miles long and one mile wide, and here he found two leper villages: Kalau-papa, for those in the earliest stages of the disease, and Kalawao, for those in the last and severest. The

crater of an extinct volcano lies between the villages. The whole point of land has been likened to the



BIRD'S-EYE VIEW OF MOLOKAI.

handle of a frying-pan. Another calls it a crust over the water with a bubble in the midst. Two hundred

acres of tillable land down between the villages were fenced in and Father Damien set the men and boys yet able to work to cultivate it. The Government also sent him some cattle. He found the lepers sheltered in miserable huts, built by themselves from the branches of the castor-oil trees and covered with the leaves of sugar-cane. The death-rate was great, the strong ones forgot the weak, and brute force reigned supreme.

The people of Honolulu sent Father Damien some lumber and \$120, with which he himself built a house that served as a temporary chapel and headquarters for giving out medicine and supplies. He then began his eloquent pleas to the authorities for aid, which were finally, to some extent, listened to and a change for the better commenced. He looked after the helpless, consoled them in their last agony, and often dug their graves. The Government sent him a quantity of lumber, and he himself, assisted by the lepers, built them comfortable little cottages. He started a school with about forty pupils. The supply of water was very bad and had to be brought on the backs of the lepers for a long distance. This he remedied by constructing a reservoir on the cliff side, seventy-two by fifty-five feet, and piping it to the settlement. Food and clothing were procured from the Government, and a store established.

An allowance of six dollars a year was granted to each leper for clothes, and \$1,000 was invested to lay in the first stock of his store, which the Government loaned him, and the store was soon self-supporting. He also succeeded in interesting charitable persons in

Europe and America, and they sent supplies of cast-off clothing and reading matter for the lepers. Before 1878—that is for five years—Father Damien was also the doctor of the leper colony, but after that date regular physicians were appointed by the Board of Health of Honolulu to visit the colony at regular intervals. He was their ruler, their doctor, their priest. He punished the guilty, he settled disputes, he was judge and jury—as well as school-teacher to their little ones.

How any one man could have accomplished all this, strong and well built man as he was, seems incredible. In 1881, the king of the islands authorized Bishop Koeckeman to visit the leper island and confer on Father Damien the degree of Knight Commander of the Royal House. Of this decoration, Father Damien remarked to Charles Warren Stoddard, who visited him by permission of the king: "It is not for this I am here." The queen also visited the island in 1884 and soon after inaugurated a fair in Honolulu for the lepers' benefit. A subscription of \$1,500 was raised in London and sent by Cardinal Manning; and \$5,000 were sent by Rev. H. B. Chapman, an English clergyman. For a time after his arrival on the island he was treated with great harshness by the authorities; permission was refused him to leave the island even to visit a brother priest on the other islands for the purpose of going to confession. The sheriff had the authority to arrest him and take him back should he make the attempt. On one occasion, Bishop Maigret passed in a vessel within sight of Molokai; the Bishop beseeched the captain

to land, but he refused; all that he would grant was to stop a few moments and whistle. The signal was heard; a canoe put off from the shore and drew alongside, but the ship's orders forbade Father Damien coming aboard. The Bishop leaned over the vessel's side, listening to the confession that came from the occupant of the canoe. It was made in French,



THE CHURCH AT KALAWAO, SHOWING THE TREE UNDER WHICH
FATHER DAMIEN IS BURIED.

which penitent and Bishop alone understood. In later days a formal permit was occasionally granted to visit another island, which he only applied for when he desired to go to confession. With the aid of the lepers, he built a little church, painted it himself, and the necessary altar furniture, chalice, and vest-

ments were sent to him by friends in Paris. After eleven years of constant mingling with the lepers, during which time he had buried one thousand six hundred, although he did his own cooking and washing, the first appearance of leprosy manifested itself in his left foot and on the lobes of his ears. This was in 1884. Following the usual course, it developed slowly, disfiguring his hands and face, but he was cheerful and continued his usual work.

“People pity me and think me unfortunate,” he said, “but I think myself the happiest of missionaries.” His poet friend, Stoddard, has said:

MOLOKAI.

“Almighty God knows what is best for my sanctification, and with the conviction, I say daily, *Fiat Voluntas tua.*”—*Father Damien.*

Land ho! Land, like an emerald, gleaming
 'Twixt deep-blue wave and pale-blue sky;
 A lotus isle for mid-day dreaming,
 Seen vague as our ship sails by;
 A land that knows not life's commotion:
 Blest “No Man's Land!” we sadly say;
 Has it a name, you gem of ocean?
 The seaman answers, Molokai.

Crowd on more sail! Though clouds were looming
 Better the tempest's roar and strife,
 Better the wild waves' shock and booming
 Than that dread land of death in life—
 A land where exiles ne'er cease mourning,
 Where rank disease doth hold foul sway;
 A land from which there's no returning—
 The lonely isle of Molokai.

Yet one long look ere sight be weary—
 Earth's holiest spot, in angel ken,
 Is where one, like the Son of Mary,
 Doth give his life for sin-cursed men;

And as the home of God-like mortal,
Who in such death can calmly say
"Thy will be done!" It seems heaven's portal—
This hallowed isle of Molokai.



FATHER DAMIEN, THE DAY BEFORE HIS DEATH.

In December, 1888, he was visited by Edward Clifford, an Englishman, who desired to try upon him gurgon (oil), an Indian remedy for leprosy. It gave him some temporary relief only. At this time he was

described by Clifford as "forty-nine years of age, a thick-set, strongly-built man, and with black curly hair. His countenance must have been a handsome one, with a well-curved mouth, straight nose and fine head, but now the good man is awfully disfigured with the disease." January 28, 1889, he wrote to a friend this simple line: "Good-bye, till heaven."

Three weeks before his death he expressed his delight that he should celebrate Easter in Heaven. On the 28th of March he was completely prostrated, the concentration of the disease in his throat and lungs caused extreme suffering, and he himself recognized signs of the end. The house was besieged by his leper friends, who were with difficulty kept from the little room. The evening before his death he took leave of all and blessed them, especially the children.

He died about 8 o'clock on the morning of April 15, 1889, the Monday after Palm Sunday. The motive of his life may be summed up in these words, used by him in a report that he made to the Government Board of Health in 1886: "By special providence of our Divine Saviour, who, during his public life, showed a particular sympathy for the lepers, my way was traced toward Molokai, 1873." Thus lived and died Father Damien, after a life of sixteen years among the lepers of Molokai. The Pacific Ocean daily sings his Requiem, as its surges roll in upon Molokai's coral reefs; the world, when he died, stopped for a moment as if to catch its breath, and then broke forth with a song of praise that echoed round the globe, and the leper-priest, the humble pastor of Molokai's stricken ones, became the subject of the

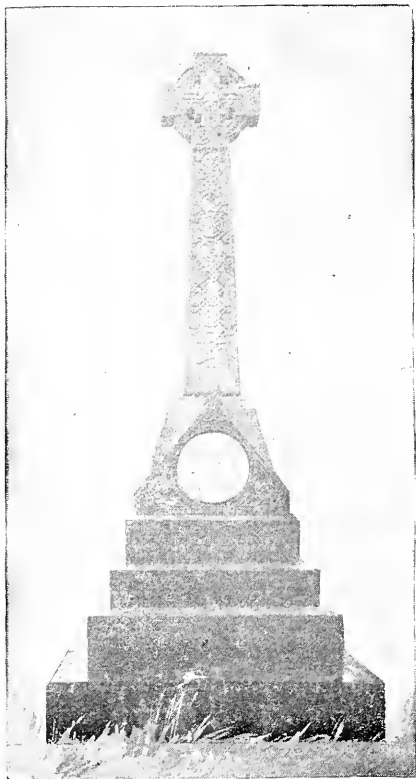
world's honor. Humanity was dignified in knowing that one mortal had given his life for others, Christianity was strengthened, the gospel was again verified—"Greater love than this no man hath that he lay down his life for another."

Yet, alas! There was one discordant note in this symphony of praise. One man forgot his humanity, forgot his calling, forgot the spark of Christian brotherhood innate in every being, and let his prejudice carry him away, and so broke forth in a torrent of abuse. His rancor against the Church that Father Damien loved in life and honored in death so twisted his mental vision that, forgetting truth, honesty, and Christian manhood, he called, in public print, Molokai's hero all possible vile names—the favorite ones—"lecherous dog," a "vile brute." The world blushed, but did not long remain silent. Robert Louis Stevenson, who now sleeps like Father Damien, within the bosom of one of the South Sea Isles, came to the rescue of his memory and with a pen of heroic fire branded and burned the lie out of existence. This mortal's name was Hyde, and how Stevenson thrashed and lacerated his cuticle!

Shortly after Father Damien's death a memorial fund was started in England, headed by the Prince of Wales, to erect a monument at his grave in Molokai, and endow a ward in a London hospital to his memory.

Quite recently the old Catholic city of Louvain by popular subscription erected a magnificent group in bronze to his memory. The ceremonies were elaborate, the officers of government being present; also

many dignitaries of the church, prominent among whom was Cardinal Goosens, of Mechlin. Father



MONUMENT TO FATHER DAMIEN AT KALAUPAPA.

Built by subscription headed by the Prince of Wales, and placed by the Hawaiian government near the seashore, where it can be seen from the decks of passing vessels.

Damien's brother was celebrant of the Mass that preceded the outdoor ceremony. The bronze group rep-

resents Father Damien "erect, his look heavenward, in the calm attitude of his deliberately accepted sacrifice; with one hand he holds the crucifix that rests upon his breast, with the other he presses to his bosom an adopted brother, a leper, resting upon a stone and sheltered beneath his mantle."

One of Father Damien's customary expressions—he had a habit of talking to himself—was, "Joseph, my boy, here's work for your life,"—and another found in his letters was, "Induce others to come and join us here, but train them for a missionary life." His wishes have been followed out, and at Ærschot, near his native place, has been established the "Father Damien Institute," with about eighty students. A branch has recently been opened in England, at Hadznor, which, strange to say, in days past was a leper settlement, and there yet can be seen in the walls of Hadznor church a hole, through which the lepers could see to assist at mass. This branch has, however, quite recently removed to Edgbaston, Birmingham, and from this house is issued monthly "The Father Damien Institute Magazine"—for which Miss E. Harper, 585 Greene avenue, Brooklyn, N. Y., is the American agent.

Such is the story of Father Damien's life, simple in detail, humble in its motive, yet heroic in its results, an example of Christian fortitude perhaps unsurpassed in this century.

Rest on then, Father Damien! Rest on to await the great resurrection morning! Rest on in thy island home, made sacred by thy life and hallowed by thy death! Rest on where the waving branches of thy

pandanus tree are as muffled music, and the sighing
of the south wind over the

the leper colony. There he is yet; his hands helped
dig his friend's grave, he ministered to him in life

and serves him yet in death. Some extracts from a

FATHER WENDELIN,
at the extreme right.

FATHER CONRARDY,
center of group.

BISHOP ROBERT,
of Honolulu.

few of the letters he finds time to write may prove of interest, though I feel assured he would deprecate any

notice of them. In one of his early letters, in 1887, he says: "The principal graveyard back of my cabin has about two thousand graves and nearly one thousand are buried elsewhere. In addition to outside work, I look after the church as sacristan, serve Mass, and attend to the medicines with Father Damien. I am now painting the church and building a fence around it. Take it all in all, this is a fine locality for meditation, surrounded by the best symbol of eternity, the boundless ocean." A later letter says: "Many of the lepers are very low now. Ten funerals last week, three to-day, and two are now being prepared for death. Yet the number increases from day to day, every vessel from the other islands bringing us patients." Again—"I do not often have time now to write letters—increase of duties, particularly the addition to what has become my regular occupation, that of dressing the ulcers, leaves me little time. The spare moments are usually occupied in looking after things about the church, as Father Damien grows weaker every day, and about fifty orphan boys to look after. My cabin is ten by fourteen feet, painted inside and whitewashed outside, and connects with the passageway to the church. So I live near the Blessed Sacrament; without this and hearing Mass daily I would be lost. I have painted the church pretty thoroughly inside and built a neat fence about it, and planted a few trees, shrubs, and flowers, but I do not get much time to look after them, but am trying to interest the leper boys in the care of the yard. My special work is dressing the sores, and I am learning to be interested in it. The Government has at last allowed us suf-

ficient supplies for this purpose, and now I can dress about one hundred sores a day. But it is now 10 o'clock, and having to be up at 4 o'clock to make my meditation, ring the Angelus at 5 o'clock, waken the



MAJOR JOSEPH DUTTON.

boys and get them ready for Mass at 6 o'clock, must close, as I have had a busy day—have dressed nearly two hundred sores, some of the lepers waiting their turn in the line for four or five hours.”

In this same letter he mentioned one patient as having, when he first took charge of him, forty-six running sores or ulcers, but by using the carbolic acid baths, he has reduced the number to twenty-two. He writes as one not broken down by the awful scenes he

daily witnesses. Father Damien and himself enjoy their little joke now and then. One day it was suggested that a certain boy had his catechism at his finger-ends, when Father Damien responded, "Oh, no ! the poor little fellow has no finger ends."

Another time, two lepers ran a foot-race, not very fast, but over the prescribed course; one of the toes of one of the boys dropped off during the sport, and Father Damien said: "I guess he lost the foot-race, as he did not toe the mark."

There is a thread of the simple and yet heroic in almost every line. In a later letter Mr. Dutton says: "By the last mail I had an invitation to the re-union of my old army regiment, to be held at my old home in the States. I replied 'that I had entered another army since, enlisting for life, or rather death.'"

Writing of leprosy he says: "In the two principal divisions, tubercular and anæsthetic, there are many grades, and though some general rules, of course, may be laid down differing according to the form, yet each case has its own peculiarities. In one form longer life is generally looked for, with little pain after the first few years, an almost entire insensibility during the last years, hooking of the fingers, twisting of the eyes and of the mouth, dropping off of the joints of the fingers and toes. In other forms more ulcers and lumps and knobs, a general rotting of the body, blindness and so on. Some of the most learned of the medical faculty have made for years a special study of leprosy. Every mail brings us written and printed matter, much more than we have time to read, giving accounts of steps taken, progress made,

and reports of investigations made by command of different governments throughout the world. I have not the time or talent to go into them. The rest of my days must be spent in trying to help the leper, clean the sores, trim, dress, bandage, patch and keep them alive as long as may be.

“This Government has expended thousands of dollars in experiments: the Japanese plan—then this, then that; but nothing yet has been found to be a real remedy. Dr. Baker, of New Zealand, has put his plan forward—a result of inquiry made by command of Queen Victoria. No doubt some good will eventually come out of all this. But for the present our work must be to try to help the lepers to die well and peacefully. They do not wish to be tortured with every new remedy. The people are generally contented with what we do for them; the boys especially—a crowd of them are now under my window, near the edge of the graveyard, playing ball and yelling like good fellows. The poor little fellows seem to have a real affection for us. Some of them are not able to run about very much and many of them can drop down anywhere on the grass and go to sleep at once, they are so weak. Four of them are blind; one of the blind has learned to walk about in safety, and so leads the other three. Many of the boys sing well and give us all the church music that we have. Speaking of ball-playing, the small boys, and some of the larger ones too, any who are yet spry, have a great way with their games. For about a week they will play at nothing but ball—then whatever any of them introduces next, say stilts, will be

all the go for the next week; then a week of kites, then of arrows, then of marbles, and so on, like boys the world over. Father Damien is suffering very much now, though he is out and about every day. He says Mass every day, has missed only two mornings since I came here and these on account of his



FATHER WENDELIN'S CHURCH AT KALAUPAPA.

eyes—they are growing very weak—in fact, he has but one now and that is much inflamed. One of his ears is swollen to an enormous size and covered with lumps of many colors; on his forehead ridges and lumps, also on the face, hands and arms, and yet he is very active and cheerful, one of the most powerful men physically to be found. But I must now close

this letter, as it is time to ring the bell and fix things for five or six baptisms which the Father has in the church. Very few seriously sick now—a calm after the spell—losing about seventy-five last week.”

The next letter, written in 1889, tells of the death of Father Damien. “Father Damien’s death has thrown upon me much additional duty. Those of a temporal character, that he performed so well, have almost entirely fallen to me. Father Wendelin lives at Kalaupapa, the other leper village, and comes here occasionally. Father Conrardy lives here now, and attends to all spiritual matters.

FATHER DAMIEN’S DEATH.

“Mother Marianne, the Franciscan Sister from Syracuse, New York, is in charge of the Girls’ Home at Kalaupapa. She has four other sisters with her. She came a few months ago and is a great aid in the work. Father Damien’s grave is just beside the rock part of the church, and almost under his old pandanus tree. We have a little flower garden around it, and the grave itself is a mound of earth with numerous plants growing over it. This letter is a patchwork done at all sorts of odd times. In fact, what I should have written before is of his death, for I am sure that subject is of the most interest to you. Yet I don’t know that there is very much to say. He lay for the last three weeks of his life unable to say Mass, much of the time quite helpless, and died April 15, at 8 o’clock, the Monday after Palm Sunday. For about a week I had encouraged him to expect a relief on Palm Sunday, and at 11 o’clock that night he was

nearly gone (as if he was trying to make my word good), but rallied and held out until the following morning. He was patient and resigned. Several times, when we were alone, he asked me what day he would die (I always said Palm Sunday), and wanted me to move into his room and occupy it as soon as he was gone. In the last period of three weeks the disease, thus far very pronounced in outward manifestation, almost left the surface, retreating, or, I might say, advancing to the interior for the last attack, and ravaged in a fearful manner the throat, lungs and stomach. May he rest in peace!

“The day before his death, I raised him up in bed for the government physician to get a photograph. It is the most striking picture I have seen of him. The doctor has made some copies, and I send you one. Applications to become inmates increase, so I am making estimates for the enlargement of the establishment to get more dormitory space. Three years ago to-day I landed here. July 26, 1886—July 26, 1889.”

A letter written in 1891 says: “The priests are now restricted to ordinary parish work, so that, while formerly all my work was under the direction of the priest, now it is not; that is, the daily routine is composed of duties under the Government Board of Health. Certainly I do a great many things for the mission outside of these regular duties, keeping some of the accounts, looking after the church property, etc. Am counted as a regular ‘settler’—a ‘Kokua.’”

A letter written quite recently tells us of the many improvements that are nearly finished; construction

of a new house for the orphan boys, and for helpless cases of all sorts, male; about twenty buildings; over four thousand feet of walls and fencing; grading grounds, constructing sewers, etc. Now that the place is complete (about \$10,000 cost), new responsibilities are threatening. All this constitutes extra work, as I still keep up my care of the sick, the dressing of sores, etc., as I have for the past nine years nearly; hence have had little time for writing. The Board of Health want me to take charge, entire control, with brothers from Belgium to assist. The Bishop has consented." Thus, now and then, writes this brave soldier of the cross, full of hope and ambition to do for the helpless of Molokai. "Greater love than this no man hath, that he lay down his life for another."

The following press dispatch appeared in the papers of May 13, 1895:

SAN FRANCISCO, May 13.—Bishop Gulstan Ropert arrived in this city from Honolulu, en route to Rome, where he is going to induce the Pope to send more missionaries to the Hawaiian Islands to care for the lepers. He will also visit France on the same mission. With one thousand two hundred lepers on the island, he says, the sight is too sickening to discuss. The Bishop will visit the Brothers of Mary at Dayton, O.

The writer, through the courtesy of the fathers at St. Mary's Institute, Dayton, O., had the pleasure of meeting Bishop Ropert the following Sunday evening. He is a charming character, simple as a child, with all the marked suavity of the French race. He speaks English with a Breton accent, and when he

grows interested is a most entertaining talker, especially when conversing about his "dear islands in the Pacific." He is small of stature, iron-gray hair, pleasing face, and evidently a hard worker. He is fifty-five years of age, and has been on the islands for twenty-eight years.

He was nine months reaching the scene of his labors when he made the voyage from France in 1867. Before his consecration he was pastor at Wailuku, and established a parochial school for boys under the care of the Brothers of Mary, from Dayton, O., and also one for girls under charge of the Franciscan Sisters, from Syracuse, N. Y. While pastor there, in the words of one of the brothers, "he never tired." When the Bishop was shown the press dispatch from San Francisco concerning the object of his visit to Europe, he enjoyed a hearty laugh when he reached the words that "he was going to Rome to *induce* the Pope" to do certain things. He is simply going to make his visit to the Holy Father—what is known as *ad limina*.

While in Europe he will endeavor, and he thinks successfully, to procure the services of some brothers to take charge of the Leper Home for the boys and men on the island of Molokai, thus enabling the Franciscan Sisters already there to devote their entire time to the Leper Home for girls and women on the same island. The Government has requested this of the Bishop, and as of late years the work has grown, he is only too glad to comply. He says that the number of lepers is now one thousand two hundred—one hundred in the Boys' Home, one hundred in the Girl's

Home, and the remaining one thousand scattered about in the various houses in "The Leper Settlement" of Molokai. The boys' home is called Kalawao; the girls' home Kalaupapa. The Board of Health of the islands has expended lately almost \$10,000 at Kalawao, putting up new buildings and adding to old ones. Mr. Joseph Dutton, an American, and a con-



INTERIOR OF THE CHURCH AT KALAUPAPA.

vert, who has been there for nine years, has had charge of the work. Since Father Damien's death, the care of financial and material affairs has been in his hands. The Board of Health wish at least four brothers of the same order that Father Damien belonged to, and have promised to pay their passage from Belgium to the islands. The new home for men and boys is to be a very complete affair in every way, and shows that Father Damien's efforts to interest the

Government in treating the lepers humanely and in accordance with all that science and modern civiliza-

tion began in 1817, and in 1825 Pope Leo XII. sent some of its members to preach the Gospel in the islands of the Pacific, and there they have labored for

the past seventy years. How appropriate that they

should have the care of lepers, the most malignant of skin diseases, and thus again in this century fulfill

the meaning of the name "Pic-pus" At present there are on the islands thirty-five Catholic churches, fifty-nine chapels, one college with five hundred and six pupils, three academies and ten parochial schools, with one thousand five hundred and fifty pupils. Last year there were one thousand two hundred and thirty-five infant baptisms and one hundred and sixty-eight adult baptisms; one hundred and forty-four marriages and six hundred and ninety-six burials.

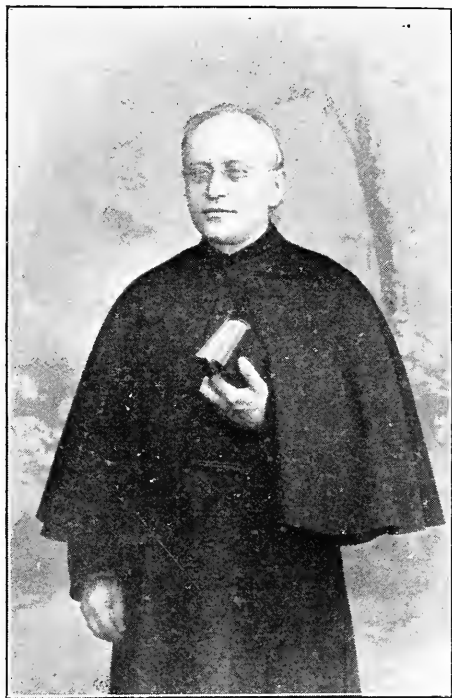
The Catholic population is about thirty-one thousand, out of an entire population of ninety thousand. Ninety per cent of the native population can read and write, and most of this remarkable work is due to the energy and zeal of Catholic priests, brothers and sisters. The Brothers of Mary have over five hundred pupils in their College of St. Louis, at Honolulu; the Sisters of the Sacred Heart have over three hundred and fifty at their boarding and day school in the same city. The Franciscan Sisters from Syracuse, New York, have a school at Wailuku, and also have charge of the Government hospital at the same place. This hospital does not receive lepers. They also have an orphan home called "Kapiolani Home" at Honolulu, and a receiving station for lepers, or those suspected to be, at Kalihi.

Besides these institutions, the Franciscan Sisters also are at the Leper Settlements at Kalawao and Kalaupapa on the island of Molokai. This was the scene of Father Damien's labors and death—here are the victims of that awful scourge, the leprosy.

BISHOP ROBERT RETURNS HOME.

Since the above was written, information has

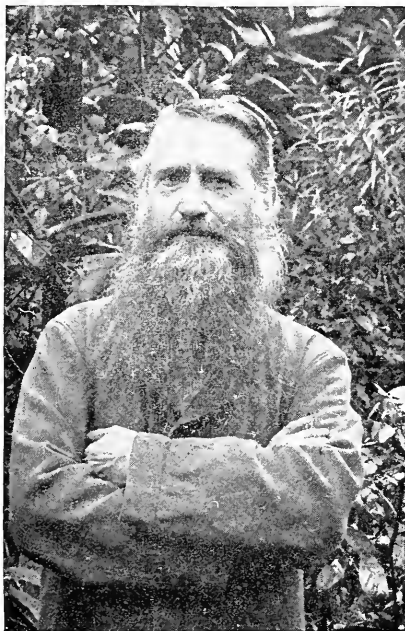
reached us that Bishop Ropert was successful in his European trip. Father Damien's brother, Father Pamphile, has also gone to Molokai to take up the work which his heroic brother laid down with his



THE REV. FATHER PAMPHILE, SS.CC.

life seven and a half years ago, a work which Robert Louis Stevenson called "among the stumps and butts of humanity." Twice before Father Pamphile had arranged to go to Molokai, but each time severe illness prevented. He is by no means a young man,

though he enters on his mission with all the ardor of youth. He is now 58 years old, and for years had been a professor at the University of Louvain, Belgium. At present there are two priests and a num-



FATHER CONRARDY

ber of brothers and sisters engaged in carrying on the great work commenced by Father Damien. Father Conrardy, who spent some years at this leper settlement, is at present in China, and the following letter sent to one of the Jesuit Fathers of Detroit and published in their Parish Bulletin tells of his work:

MISSION CATHOLIQUE,

Shanghai, China, July 7, 1896.

Dear Rev. Father in Christ:

Rev. Father Conrardi, the worthy successor of Father Damien at the leper station of Molokai, is acquainted at Detroit, where I think he spent some time, or at least paid a visit, before his heroic visit to the lepers. I remember having been shown by a friend of his in Detroit a letter written by him from his mission at Molokai. He has now, it seems, undertaken the direction of leper missions all over the world. I don't know whether he received the charge from Rome, or was prompted to undertake it by his own zeal and devotion.

He visited Macao in May in order to inspect the leper stations of that colony. He found room for improvement in certain particulars, and after representing the matter to ecclesiastical authorities, and leaving instructions for proposed reforms, he promised to return in two years. I hope to be back at Macao before that time, and I may have the pleasure of meeting him.

There are two leper stations at Macao, one for men and one for women, on two separate islands, not far from the city. Each station may have fifteen or sixteen lepers. The stations were established by the Portuguese government, which cares for their material wants and does not entirely neglect their spiritual welfare. A steam launch of the government is always at the disposal of the clergy and of the good sisters, when they desire to visit the unfortunate little colonies.

The lepers of Macao have no priest living with them, for they are not so strictly secluded from communication with the rest of the world as are the lepers of Molokai. The reason for the difference is that the Chinese have no unreasonable fear of the dread disease, whereas, in the Sandwich Islands, I was told at Honolulu, a single fresh case in the city is almost enough to cause a panic. At Macao the priest may pass freely between the city and the leper islands, without exciting any fear and with no prejudicial consequences.

Formerly the leper women were kept in an apartment adjoining the Chinese Church, separated by only a glass casement, through which they could hear mass. A few old women, indeed, are still left there, but no fresh cases are to be placed there for the future.

I have never visited the leper stations of Macao, and I don't know what improvements Father Conrardi may have suggested. But for a person of his experience, it cannot be difficult to suggest reform for the spiritual and temporal well-being of the poor creatures to whom he has so nobly devoted his life.

Your reverence's devotedly in Christ,

WILLIAM HORNSBY, S. J.

CHAPTER III.

THE TRINIDAD LEPER COLONY.

Molokai is not the only leprosy-stricken place where the sons and daughters of the Church are wearing out their lives in this sublime charity of taking care of lepers, and this work would be incomplete without a passing reference to another place in a different part of the world—the leper colony of Cocorite on the island of Trinidad, one of the British West Indies, off the northeast coast of Venezuela and opposite the mouth of the Orinoco River of South America. This island was discovered by Columbus in 1498, occupied by the Spanish in the 16th century, captured by the French in 1676, but soon restored and taken by the British in 1797. Before 1869, the care of the lepers on this island was confided to negro nurses of both sexes. This island is called “The Paradise of the Antilles” on account of its delightful climate and picturesque scenery. Their cases were most deplorable, their sores were so neglected that deaths were numerous, and the government doctor, after making his first visit, declined to enter the lazaretto a second time, saying that it could be compared to hell, and above its doors should be written, “Leave hope behind, all ye who enter here.” This remark having come to the ears of the governor of the island—a Protestant gentleman—he thought of

appealing to the charity of the Catholic Church, and hence called upon the Catholic Bishop of the Port of Spain, Trinidad, who, with five Dominican friars, was preaching the Gospel in this far-off land. The English Governor explained matters to the Bishop, who promised to write to France and obtain the services of some Dominican Sisters. He succeeded, and six sisters landed on the island in 1868. The Sister Superior had been, when a child, under the direction of the Venerable Cure D'Ars, and always said she felt she would die a martyr's death. She fell a victim to yellow fever six months after her arrival on the island. The band of sisters heard their first Mass in the Rosary Chapel at Port of Spain, and two days after their arrival began their work. They found the hospital in a frightful condition. They began the work of washing the lepers' sores at 3 o'clock on the afternoon of Good Friday. The day and hour could not have been more appropriate, and just as they had finished the work the physician was announced. He had never seen a Catholic sister, and was anxious to interview these "ladies from Paris," as he called them.

He was amazed that they intended to stay, and said that the place was a perfect hell. "Well!" said the old sister, "we intend to stay, in hopes that by remaining at the gates of hell with these poor creatures, we may save some of them for heaven." I am indebted for these facts to the "Rosary Magazine," in whose columns some time since appeared an extended account of this lazaretto, by an American Catholic lady, who visited the island. She says

that the doctor, now an old man, told her that when listening to those heroic words he could hardly refrain from falling on his knees and worshipping these women. The sisters received a message from the Governor that they were not to mention religion to any of the non-Catholic patients. The writer tells the following touching incident: One young man about eighteen years old made his profession of faith before all the authorities with charming frankness and simplicity. The sisters told him that before becoming a Catholic it was necessary to have the Governor's permission. With admirable patience, he waited until the Governor paid his quarterly visit, when, requesting an interview, he fearlessly entered the room. "Governor," he said, "I want to be a Catholic. I have but a short time to live. I see people die here every day, and I want to die like the Catholics." Two non-Catholic clergymen and former prominent citizens of Trinidad were present, as well as two of the sisters. One of the gentlemen present stepped forward and asked: "Who told you to make this speech? One of these ladies, I presume," pointing to the sisters. "No," he said, "these good women take care of what is left of my poor body. They have never asked me to enter their chapel; it is my conscience, my heart," placing the palm of his hand on his bosom. The fingers of both hands had been eaten away by the disease and he had to be fed by the sisters like a babe. "My heart," said he, "keeps telling me to ask leave to die in the same religion as these holy women. Do, Governor, grant my last wish." "You are free to follow your

own inclination," answered the Governor. "Oh! thanks, good sir, I will pray for you here and when I go to heaven." Thus goes on the great work. Some sisters are carried away by yellow fever, some by leprosy, but the work lives on and all classes of people on the island praise and admire it.

These words concerning this work were written by an English Protestant editor: "If the 19th century has its honors, it also furnishes many examples which would have made the Apostles weep with joy. How divine is this religion, which preserves such vigor through a period of nearly two thousand years. The world asks how these frail women can summon the courage to live and die among such awful scenes. This is a mystery to the world, but to them the solution is very simple. Under the exterior of those leprosy-stricken bodies, they see souls and they know that Jesus Christ loves the lepers." The reports of the medical superintendent of the leper asylum at Cocorite are painful reading at all times. We doubt, however, says the "Catholic News," of Port of Spain, whether anything is more calculated to stir painful surprise than the passage in last year's report on the subject of the accommodation of the sisters in charge of the leper asylum. It amounts to nothing less than a charge of inhumanity against the government in the matter of their treatment of the heroic sisters who play the part of ministering angels to the leper outcasts of the colony. Following is the passage referred to:

"Several members of the Legislative Council visited the asylum in the course of the year to investigate the

question of urgently needed increased accommodation for the sisters of the new chapel. It is to be hoped that as 6,000 pounds has been voted out of the contemplated loan for additions, alterations, and repairs at the asylum, the work will soon be put in hand. The overcrowding in the sisters' quarters is most serious. Some of their bedrooms are situated above the storeroom, and as this room has to be used for keeping the recently reaped vegetables, as well as the ordinary stores, the mixed effluvia rising from the fermenting mass and penetrating through the chinks in the floors of the rooms above, can be better imagined than described.

"Other bedrooms are over the chapel, and an odor which even incense is powerless to subdue ascends during a crowded service. The health of the sisters is thus seriously endangered, and the necessity for an infirmary in cases of illness among them is more and more felt as their numbers increase. The proposed erection of two new wards will entail the addition of two more nurses to the staff. The asylum badly wants painting throughout. No painting, except to the new buildings, has been done for ten years to my certain knowledge, and probably for a much longer time. It would be economy to paint the buildings, especially the older parts, which are beginning to decay, and neatness and cleanliness would be greatly promoted."

The following well-deserved tribute is also paid by the government doctors to the sisters:

"It is impossible to describe in words the devotion of the sisters, to whom falls all the more arduous

work. Next month (April, 1893,) they celebrate their twenty-fifth anniversary in Trinidad. Of the original band of sisters only one survives—the dispenser—Sister Mary Augustine. During a period of twenty-five years, she has only spent eight days outside the convent wall—a record probably never approached in the history of leprosy. That she may long continue to adorn the post she so worthily fills must be the wish of all who have the privilege of her acquaintance. When we remember the chaos which reigned at the leper asylum twenty-five years ago, we may well say of her, as of all the sisters of Cocorite, '*Si quaeris monumentum, circumspice*'—'if you seek their monument, look around.' "

CHAPTER IV.

IN CANADA AND ICELAND.—THE LAZARETTO IN NEW BRUNSWICK.

THE Sisters of St. Joseph, from Montreal, have charge of the Government Hospital for lepers at Tracadie, Gloucester County, New Brunswick. The following was kindly sent in answer to a request for information:

LAZARETTO,
HOTEL DIEU OF ST. JOSEPH,
TRACADIE, N. B.

REV. L. W. MULHANE,

Mt. Vernon, Ohio, U. S. A., May 31, 1896.

REV'ND MONSIEUR:—In reply to your letter of the 24th inst., I have the honor to say that we have only twenty lepers now—thirteen men and seven women. This lazaretto was established in 1844, and was confided to our care in 1868. Our lazaretto is the only one in Canada.

Soliciting the favor of your prayers, I have the honor to be, with profound respect,

Rev'nd Monsieur,

Your humble servant,

SISTER ST. JEAN DE GOTO,

Superioress.

IN ICELAND.

Father Sveinsson, the Jesuit missionary, writes that leprosy is increasing in an alarming manner. In 1894, Copenhagen was horror-struck on hearing that

there were 50 lepers in Iceland. The Danish Government at once sent out an expedition to Iceland under the leadership of Dr. Ehlers to ascertain the extent of the disease. He visited one third of the island and found 149 cases of leprosy among the sparse population. Last year, 1895, the commission renewed their labors and made an official report, which declares that there are several hundred cases, that the disease is increasing, and suggesting a hospital in which to segregate all victims. Under the direction of Bishop Eùch, Bishop of Denmark, Father Sveinsson, S.J., is about to build a lazaretto and is now collecting funds for that purpose. Writing quite recently he says: "The frightful misery of lepers abandoned in this land of snows may well appeal to every tender heart. We need not recommend the work; it commends itself to all." Four sisters of the congregation of St. Joseph of Chambry have gone to this country, who will have care of the lepers.

CHAPTER V.

IN JAPAN.

In a letter just received, while compiling this book, from Kumamoto, Province of Nagato, Japan—a letter that was nearly two months in reaching its destination, Father J. M. Corre, Missionary Apostolic, writes of the awful scourge: “Of course there are many kinds of sick. There are the adult sick and dying, and there are little children who have not yet the use of reason. There are the sick and dying in the hospitals, the sick and dying in their homes, the sick and dying who have no homes but are lying by the roadside or in abandoned huts. These are the ordinary diseases—dysentery, small-pox, typhus, and cholera, the contagious or epidemic diseases which so often desolate Japan, but, above all, leprosy and syphilis, two evils no less terrible. Close by Kumamoto, there is a hamlet called Honmioji, the rendezvous of all kinds of sick, especially of lepers, who gather hither from all parts of the empire. The greater part of these wretched creatures are outcasts forever from their families. As the people of Kumamoto are very tolerant in their regard, many end by establishing themselves for good in the hamlet, where they form one of the most pitiable collections of beings to be seen in the whole world. The state of these wretches is really terrible. They are piled one on top of the other in

miserable hovels belonging to other poor people, to whom they pay about a fifth or two-fifths of a cent each, daily for their lodging. In general, they have only one garment, but what a garment !

I have seen in one of these wretched holes a poor mother who had no feet, scarcely any hands, and no



TWO JAPANESE LEPERS.

other clothing than an old piece of rag, which scarcely covered half of her shoulders. With her little naked baby she strove to cover the rest of her person.

Those who can still walk, go about the city and the country begging. The more skilful succeed on good days in getting as much as three or four cents. If they have not gone too far, they return in the evening to Honmioji, and sleep in the hovels just described. Some go a great distance and do not return

for days or weeks. The villagers treat them with considerable humanity, but they cannot get a lodging anywhere; they have to sleep in the vestibule of a temple, in a corner of a field, or in the forest on the naked earth, or on a plank of wood. To cook the few handfuls of rice which they have begged, they carry a little saucepan, worth about four or five cents, and prepare their poor meal far away from dwelling houses, wherever they can find a bit of dry wood to make a fire. Those who cannot walk, get themselves carried or drag themselves to the wide avenue or the steps leading to the pagoda, where from morning to night they implore the charity of pilgrims and passers-by. The maximum of their daily receipts is said to be from two to three cents. But, often enough, through fewness of visitors or other causes, they get only a few centimes, sometimes nothing, and many of these remain two or three days without eating.

As said above, they sleep in huts or common sheds. But when their disease reaches a certain stage, they exhale such an odor that they become insupportable to their neighbors, and then they are expelled. From this moment they no longer appear with the rest; they sleep outside, abandoned by all, without mat or cover, exposed to wind and rain, weeping, groaning, sighing for death, which generally is not slow in coming. Then nothing is left but to bury them. Four or five of their companions dig a pit. An old barrel is bought, the corpse is thrown into it, and the whole deposited in the ground, without priest or ceremonies. A burial costs eighteen or twenty cents. But where is the money to come from? As I have said, some of

them have a little saucepan; this is sold. Each has also a rag of clothing; of course this cannot be left in the bier, so it is sold, too, and may fetch eight or ten cents. Then, there are, beside the hovels, dung-heaps, which are regularly sold to poor farmers of the neighborhood as manure, and the produce serves to complete the cost of the funeral.

Some time ago I was desirous to ascertain the history of a certain number of these wretched inhabitants of Honmioji. Here are some of the details I obtained:

1.—Furuya Ukichi, of the province of Nagato, aged twenty-eight, a leper. Has three brothers, all very wretched, who are unable to keep him. Has been at Honmioji for two years. Came from home penniless, begging on the way. If he gets better, says he will return home. Adds that he has never seen anybody cured since he came. Says that he suffers very much in body, and that "his soul is very sad." Whilst speaking big tears roll down his cheeks which are all eaten away with leprosy.

2.—Uyeda Masuzo, province of Iyo, aged thirty-four. Has had leprosy since he was twenty-one, and has been three years blind. Efforts were made to cure him at home, and his parents have spent upon him about \$200, constituting their all.

3.—Ayuwara Otohe, of the same province, eighteen years old; of poor family, who are quite unable to attend to him. Has had leprosy only two years, but is already frightfully disfigured.

4.—Fukuzawa Kanekichi, of Sagami province; aged twenty-eight. Eldest of a poor family, whose

support he has been. Has been a leper three years. Thinks only of his parents, and wonders what they now do to live. Sleeps in the woods, on the bare earth, or on a stone.

5.—Chikaha Teru, town of Shimabara, a girl of twenty-three years of age, has had leprosy three years. Says her people were comfortably well off, but have spent all on trying to get her cured.

6.—Kato Matazo, province of Tajima, aged thirty. Has only his mother, who brought him herself to Honmioji. As he can't walk, she goes about begging for him.

7.—Nakamura Nami, of district of Akita, in Higo, girl of twenty-two years of age. Has had leprosy since she was fifteen; has no relations.

8.—Tanaka Rihe, province of Sanuki, aged thirty-three. Has had leprosy for six years. Nobody can remain near him on account of offensive odor, so he sleeps in the open air. Cannot walk; often has nothing to eat. Appears to long to die.

9.—Mikado Ukichi, of Chikugo province, aged twenty-five. Has had leprosy since age of twenty-two. Can walk a little, but cannot go beyond precincts of pagoda; begs alms from pilgrims, eats when he can, and sleeps outside.

10.—Matsubura Kanshichi, province of Sanuki, aged eighteen. Can no longer walk, and sleeps outside. Seems discontented that he has ever been created.

Here, then, are ten specimens of lepers, in honor of the ten lepers of the Gospel. I think they will suffice. From them you can form an idea of the rest."

Father Corre is making heroic efforts to establish a hospital or lazaretto at an expense of \$8,000. He proposes to have nurses to go into the hospital and private houses to visit and nurse the sick, instruct and baptize them.

AT GOTEMBA.

The French missionaries have already established a leprosy hospital in Japan. About six years ago a Catholic missionary, Father Vestevuide, met in the neighborhood of Fuji-Yama, commonly called by the Japanese Fooseyama, a woman no more than thirty years of age, attacked by leprosy. Abandoned by her husband and banished to an obscure hut, she was the embodiment of misery. Her bed, a few logs of wood covered with straw, her garments, scanty and ragged, her food, a cup of rice; such was her condition. She had, moreover, become blind.

The missionary pitied the poor soul, and longed to help her. He knew, too, that near Fuji-Yama there were many lepers. He had often encountered them when on visits to his own parishioners. He determined to found a hospital. In response to his appeal for aid the foreign residents of Tokio and Yokohama gave generously. The countries beyond the sea, especially France and Belgium, sent contributions. Thanks to this liberality, the good father was able to buy land, build several houses, and gather together a small number of lepers. Others were added to the original number, and when Father Vestevuide died, three years ago, and left the work to Father Vigroux, the number had reached thirty-five. At present there

are eighty, which seems a large number for one hospital, but still many remain uncared for. Certain villages are overflowing with them. They have their favorite quarters where they assemble.

"I have already made three journeys to Kusatsu, where there are baths which restore a degree of health to the poor lepers," writes Father Vigroux. "The lepers are eager to come to Gotemba, but unhappily I can take in no more at present. I hired a house and left a catechist among them, and when I returned eight lepers were ready for baptism. But if their physical state is pitiable, not so their moral condition. Those who become Christians are resigned and even happy. About fifty are already baptized, or prepared for that sacrament, and the later comers are studying the doctrines."

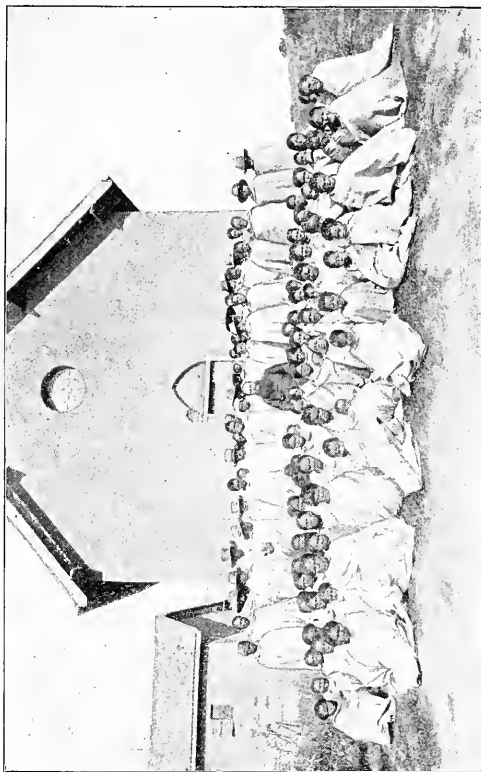
CHAPTER VI.

IN MADAGASCAR.

A writer in the September (1895) number of "The Messenger of the Sacred Heart," says in an article on "The Madagascar Mission": "The treatment the lepers receive to-day in Madagascar is about the same which they formerly received in Europe, and which is still meted out to the lepers of the East; that is to say, the unfortunate victims of this frightful malady are hunted from their homes and their villages, the law strictly prohibiting any intercourse with them. The greater number of them having lost the use of some of their limbs, would be incapable of finding food for themselves, did not the mission come to their aid and build, almost without funds, a home for those afflicted beings. A few miles from Tananarive stands the asylum for these lepers. The first buildings erected were but mere sheds, as the mission, with the small sum of money at its disposal, could not afford to provide any better. To-day, thanks to charitable contributions, the new quarters are sufficiently comfortable. Two large structures, covered with tiles and a white-washed building in the center, which serves as a church, compose the buildings known as the Leper House of St. Camillus at Ambahivoraka."

A writer in the "Journal des Debats," of Paris, writes of this leper house as follows: "I visited the Leper House one Sunday evening at the hour of

devotions. Those among the lepers who were still able to move had assembled in church, when they were singing hymns. As leprosy is a well-known



LEPER COLONY IN MADAGASCAR.

disease, I shall not stop here to describe the dreadful spectacle presented by these poor wretches, deprived of one or several of their members, whose faces are often one large wound, nor of the fetid odor which

exhaled from them. The men who devote themselves to the care of these repugnant beings, are certainly deserving of all our admiration, and it is but just that we should give credit to the abnegation of our missionaries, who were the first to think of putting up this asylum, and who have had but one thought since they began the good work, namely, how best they might ameliorate the condition and increase the comforts of these afflicted beings, with the small sums at their disposal." Bishop Cazet, Vicar-Apostolic of Madagascar, visited these lepers and spent ten days among them. He writes: "I arrived at the leper home on the morning of December 14. I had hardly arrived when some one came to inform me that a Catholic had died the previous day, and was about to be buried. I hastened to the cabin where the corpse lay, to offer some prayers, and here I found a large number of lepers reciting the rosary for the departed. In the evening, all the lepers assembled in the church. I was delighted at the spirit with which they sang their hymns, and especially at the way they recited their prayers.

"Sunday, December 15.—I baptized a little girl two months and a half old. What a sickly little creature! Already devoured by the disease. It will not be long until she will be called hence to a better world.—A few days after my departure I heard of her death.

"Monday, December 16.—To-day, according to custom, the weekly allowance of rice came from Tananarive, then Jean Marie, the chief of this little village, gave to each a portion.

"Wednesday, December 18.—Jean Marie came to me and said: 'There are two women, whose condition prevents them from ever going to church; they would very much like to see you.' 'Are they very ill?' I asked. 'No,' he replied, 'but they are too infirm to walk.' I went immediately to visit them in their cabins. The feet of one of these women were entirely devoured by leprosy; she could neither stand nor walk. The other was bed-ridden.

"Friday, December 20.—Great distribution of *lamba*, cotton cloth. Twice each year each leper receives enough cloth to clothe him; five yards of American stuff suffices for each one. One ought to witness with what patience and interest they assist at this distribution. For two hours they sat in lines, the women on one side, the men on the other, while the cloth was being cut in lengths.

"Sunday, December 22.—Closing of my mission. Although Mass was not to be said until 9 o'clock, by 7 o'clock all the lepers had assembled in the chapel, dressed in their new *lamba*. After Mass I baptized thirty-nine adults and confirmed forty-nine persons who had recently received baptism; eight of these last also received their First Holy Communion. At this leper-colony over a hundred lepers are fed, clothed and lodged by the Mission. No less than forty die yearly at this leper home alone."

A writer in the October (1895) number of "The Sacred Heart Messenger," continuing the article on "The Madagascar Mission," says: "Some months ago, a hospital for lepers, like that of Imerina, was established at Betsileo. Without being a large or

imposing structure, this hospital provides at least a comfortable home for the poor lepers. It is a building sixty meters long, with a chapel in the center and a pavilion at each end. There are twenty-eight rooms, which can supply accommodations to about sixty lepers. Not far from the asylum a little temporary lodging has been erected for the use of the chaplain and the infirmarian. It is built on a very picturesque site. Already there are twenty-three lepers in this establishment; it is capable of accommodating sixty, but the funds are low. At the wish of the principal benefactors of the home, it has been dedicated to St. Lawrence—hence the name, *Saint Lawrent de Marana*.”

CHAPTER VII.

IN SOUTH AMERICA.

In the United States of Colombia, South America, there is a leper colony at Agua de Dios. The Rev. Michael Unia, the leper-apostle of this colony, has given up his life for the victims of this dread scourge. He died last December at Turin, the headquarters of the Salesian missionaries. On October 14 last he left South America by order of his Superiors and doctor. While attending the lepers he contracted a disease that it was certain would cause his death. In fact when he started for Turin he was almost in a dying state. His departure from his unfortunate people caused him to grieve even more than they. They loved the good man, for he went to them ready to lay down his life for them.

Father Michael Unia, or Don Unia, as he was called, was in the prime of life at the time of his death. He would have been forty-six years old had he lived until December 18 last. Six years ago he left Turin, the headquarters of the Salesian Missionaries, to labor in South America. The lazaretto of Agua de Dois is about three days' march from Santa Fé de Bogota. From the latter place in 1891 Don Unia wrote to his Superior in Turin that he longed to devote himself to the service of the lepers. A letter written ten days later reports Don Unia already at the

lazaretto and feeling "quite happy." He describes the rejoicing among the lepers at his coming, adding:

"As we drew near about a hundred little boys in Sunday clothes and shining faces advanced with many little banners flapping above their heads. These were followed by white-robed little girls bearing palms and flowers and singing hymns. It was a simple scene and yet so touching that it drew tears from my eyes. But the sight soon changed for me when I visited those lying in the lazaretto. God help them!—breathing carcasses in a long protracted putrefaction. One without hands, another without arms, another has no feet. Here is one whose flesh is dropping off piecemeal, and in this awful condition they drag out a miserable decade." Don Unia confesses his "heart sank" at first. But as he found these afflicted beings brighten at his presence he felt that "ghastly smile" a great reward for weakness overcome!

Though he was at the outset "stunned and stupefied," the very misery of his terrible congregation made the irresistible force of its appeal to him, and he resolved more firmly than ever to live with and for the lepers. Between infected and non-infected the lepers numbered upward of 1,200 souls. He was the only priest there. He looked after his 1,200 charges, celebrated Mass, administered the Sacraments and consoled the poor tortured creatures by visiting them several times a day.

"Taking everything into account," wrote the noble priest. "I think work won't be wanting, so my life will be a happy one." If he should become a leper,

he added, and cease to be able to say Mass, he could still confess and console the afflicted ones, though he should be covered with ulcers. Meantime he always declared himself "happy"—though the temperature (86 to 95 degrees F.) was "unpleasantly high." "His habitation," he said, "consists of a shed divided into two little chambers and covered with palm leaves, through which the rain passes beautifully; but, with the burning heat one suffers, a little water will do no harm. A fine little boy has been told off to attend to my few wants. He brings me something to eat twice a day, just as the crow used to do by the old hermit."

His oft-repeated expression was: "My lepers—my poor lepers—that is my mission." Other Salesian missionaries will continue the work among the lepers of Agua de Dios.

CHAPTER VIII.

IN INDIA—AT MANGALORE.

Father Zauetta, S. J., writes of this mission in the April, 1896, number of the "Sacred Heart Messenger," and among other things gives the following description of St. Joseph's Leper Asylum at that place: "Of the many maladies peculiar to the tropics, leprosy is, undoubtedly, one of the most frightful. One of its species is not only most loathsome to the sight, but also very noxious in its nature. It does not attack merely the skin, but goes on gnawing to the very bones. It makes its first appearance on the extremities of the body—the ears, the nose, the hands and the feet—and often reduces its victims to a deformed trunk with mutilated limbs, thus rendering them unable to help themselves in any way. Besides the great physical sufferings, occasioned by this disease, and the universal abhorrence in which they are held, they have to endure the additional pang of life-long separation from kith and kin. In other places, the compassionate heart and the skillful hand of the Sisters of various religious congregations have done all that Christian charity could inspire them with, to alleviate the sufferings and miseries of these unhappy human beings. Our mission, too, though destitute of such religious congregations devoted to such heroic works

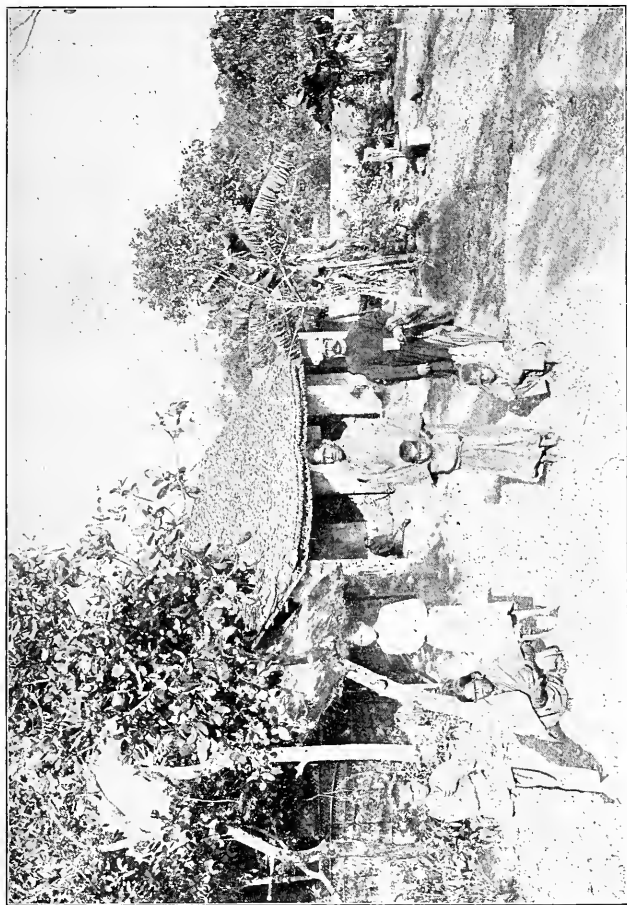
of mercy, could not altogether overlook the wretched condition of these suffering members of Christ, so dear to His Sacred Heart. A sad incident which happened in 1883 hastened the adoption of some measures to bring to these unfortunates what relief we could.

"In the month of August of that year a little cart drawn by a small bullock, stopped before the gate of our seminary. It was accompanied by two pagans of good caste, who unable to provide separate lodgings for their poor mother, already in an advanced stage of leprosy, and hearing that we had an asylum for the poor and sick, had brought her hither in a cart. Having, as yet, no house destined to receive lepers, we were under the painful necessity of telling them to wait for a few days more, till a shelter could be raised for her, at some distance from the dwellings. It was for the first time that we were, to our great sorrow, obliged to refuse admission to a pagan, that sought it in our asylum.

"But before the completion of the hut, we received the sad intelligence of her death without baptism; but we had, in our grief, the consolation to learn that grace had not knocked at her heart in vain, and that, seeing her end fast approaching, she had sent for a Catholic priest from the nearest parish, though, unfortunately, none was at hand when the need was sorest. We humbly hope that Almighty God accepted her baptism of desire, and, in his infinite mercy, saved her poor soul.

"A couple of months after this sad occurrence, another leper sought admission into our asylum. Gladly did we welcome him into the poor hut that had been

prepared, but alas ! too late for the other unfortunate leper.



HOUSE FOR THE FEMALE LEPERS — MANGALORE, INDIA.

“This was the small beginning of St. Joseph’s leper asylum. As the lepers gradually increased in num-

bers it became necessary to increase the accommodation also. But until a new building could be raised, we utilized for this purpose a house with three sufficiently large rooms, situated in a corner of our premises. As soon as our scanty resources permitted us, we began to build a house for men, and, a little later on, another for women, at a few yards' distance from the first. On December 3, 1889, the two houses were solemnly blessed, on which occasion, a short discourse was delivered to the lepers and other neophytes that had gathered around. Now that the poor creatures were more comfortably lodged than before, we may be said to have given a more regular shape to our leper asylum.

"In front of these two houses there was a plot of ground surrounded by a mud wall, where the inmates could come out to enjoy themselves and breathe a little fresh air. Here such as could do some work began to cultivate a few vegetables, while the children attended to a small flower-garden. This work, while it served to render their daily routine of life less monotonous, also gave them a moderate and healthy exercise.

"The building of the two new houses, and the cost of providing for the inmates, was a heavy strain upon our slender resources. But the sight of these miserable creatures, dragging their ulcerous limbs along the streets, had urged us to undertake the work of sheltering them in a separate hospital. This was not only an act of charity to the suffering themselves, but also a favor to the general public, since, by so doing, the spread of this frightful disease was to some extent

checked. So, confiding in the goodness of God, and relying on the assistance of charitable persons, it was determined to receive all those who should ask to be housed here. Nor had we reason to repent of the step we had taken, for God inspired generous souls to come to our aid, and a number of gentlemen, besides their usual subscription to our asylum, sent in special contributions for the support of the lepers. The Jesuit novices, too, who, during their customary pilgrimages, begged alms for the lepers, one and all bore testimony to the readiness with which all classes of men responded to their appeal for help in behalf of the lepers.

“In these new homes, the number of lepers went on increasing steadily. There were represented among them all the different stages of the malady, from the surface blotches, insensible, even to the pricking of a needle, to the most loathsome and ulcerous wounds, with putrid matter and worms. It could not but move one’s heart with the tenderest compassion to witness their sufferings and pain. From the commencement of the Asylum at the close of the year 1883 till the beginning of 1889, altogether fifty lepers had been received by us, and, at the last mentioned period, there were actually twenty-one under our care. This fact speaks favorably for the treatment they received in the Asylum, as it is a well-known fact that they prefer a roving to a sedentary life, and would rather eke out a scanty livelihood in their own families than be supported in a hospital. Occasionally, however, we went to considerable inconvenience in getting them here, for we deemed our efforts repaid well

if we could only separate them from the other members of the family.

"The Director of the Asylum paid them regular visits, to ascertain from them whether those in charge



GROUP OF MALE LEPERS—INDIA.

did their duty, and whether they had any grievances to complain of. The Brother Infirmarian daily visited each patient, and, as far as means permitted,

looked after the wants of each one. The Jesuit scholastics and novices, who went regularly to teach them catechism, as also the Fathers and Seminarists who paid them occasional visits, tried to promote among them the spirit of resignation and contentment under suffering. And they, on their part, gave us no small compensation for our care and labors by their piety and good behavior.

“The earnestness with which most of the lepers took up the practices of the Apostleship of Prayer, deserves mention, as also their diligence in practising the Treasury of the Sacred Heart. For this purpose there was fixed in the wall a small tin box, with several little compartments, in each of which the lepers put every evening as many small grains as they had performed acts of any particular virtue during the day. This pious practice greatly served to foster among them the spirit of resignation, charity and self-sacrifice.

“According to the government statistics of 1886, there were 300 lepers in this district of South Canana; *i.e.*, one in every 3,000 inhabitants. But the proportion must have been larger still—at least, so it was here, in Mangalore, the chief town of the district. Nevertheless, till 1886, neither the municipality nor the government had thought of opening a hospital to receive them. In that year, the question of the increase of the number of lepers, and the consequent danger to the public, began to occupy the attention of some of the members of the Town Council in Mangalore. Accordingly, in June, 1886, one of the members, a Catholic, wrote to the Director of the Asylum asking him

he would (on the promise of a municipal grant for their support) admit into our hospital the lepers of the district, irrespective of caste or religion.

“The Director having accepted the proposal, the question was brought forward and discussed in the next sitting of the Council, which decided to contribute at the rate of Ks 2½ (about sixty-five cents) a month for each leper, for a number of inmates not exceeding ten. This scanty pittance commenced from December of the same year. At this point other rivals appeared in the field. The Basel Mission, Evangelical Protestants, who always stand in our way, having come to hear of the arrangements of the Town Council, were inflamed with a sudden zeal for the welfare of these abandoned wretches, and burnt with a desire of sharing with us in this work of charity. They offered to open another hospital for them, on the same conditions as ourselves, and the Municipal Council accepted their proposal likewise. From June, 1887, the allowance was cut down to half the sum; *i. e.*, thirty-two cents per head, being still subject to the above mentioned restriction—so that for feeding eighteen persons, we received \$3.20, whereas the Protestants obtained \$1.60 for supporting five lepers.

“At the time when the civilized world was in admiration at the generous charity and self-sacrifice of Father Damien, and a deep sense of piety mingled with a keen interest had been aroused in the hearts of men for these castaways of humanity, Count Mattei proved himself another benefactor of the human race, and in particular, also of the lepers, though in another

line, *viz.*, by inventing for the relief of the latter a specific based upon the principles of what he termed "Electro-Homœopathy." For lack of subjects, however, he had not had the opportunity of putting its virtue to the test in his own country of Italy. Rev. Father Müller, S.J., who had already opened a homœopathic poor dispensary here, determined to give the medicine a fair trial. This he did about the middle of the year 1890, and, encouraged by the partial success obtained in the case of a few patients, he undertook to make the experiment on a larger scale, so as to include all our lepers. To insure success, he applied to them the profits of the poor dispensary, making up thereby what was wanting to a diet more suitable to their disease and to the treatment they were to undergo.

"To enter into the details of the new treatment would be foreign to our purpose. To carry out the prescriptions exactly, it was necessary to engage the services of some faithful servant. But as such a person was not immediately available, on account of the revolting nature of the duties to be performed, we asked some of the most intelligent boys of our orphanage whether they were willing to undertake the work, staying a week by turns, in a small shed raised for the purpose close to the hospital. They willingly acceded to the request, and continued to perform this work of charity for a long time, till a grown-up person was found to replace them. Each week two boys remained there from morning till evening, one to distribute the medicines, and the other to see that they were duly taken. The rest of the day they spent in

preparing the medicines, baths and the like. They also used at times to relate or to read aloud edifying stories to console and recreate their poor charges. It is needless to say that we felt no small consolation at these works of zeal and charity, seeing that the care and labor bestowed upon the education of their children but lately rescued from pagan superstition had borne such good and abundant fruit.



A GROUP OF FEMALE LEPERS—INDIA.

“The improvements introduced and the hope of a cure under new treatment induced many more lepers to seek shelter under our roof; their number soon rose from twenty-one to forty. A new house became necessary in addition to the two already existing, and Father Müller had it built. In a few months the happy results of the treatment, on those who followed it regularly, were clearly perceived.

“That the lepers greatly benefited by the experiment is undubitable; for, to the truth of it, we have the willing testimony, not only of the patients them-

selves, but that of many experts who, drawn either by curiosity or charity, were frequent visitors at the asylum. Of these, some were persons that occupied the highest stations in the district, and who confessed that the condition of the lepers was greatly ameliorated since the introduction of the new specific.



FATHER MÜLLER AND A LITTLE LEPER.

“By this time the fame of the Mattei medicines began to be noised abroad, and awakened in the lepers of other parts of India a desire to undergo the treatment; but, belonging as they do to some well-to-do families, they could not be lodged in the same hospital with the other lepers. In vain did Father Müller look out for another house, for some time. In this emer-

gency, the good Carmelite Nuns came to the rescue and put at his disposal a comfortable house belonging to them, and conveniently situated just outside their premises. It was their charity that urged them to this step, though they knew well enough that, by so doing, they practically surrendered for the future all their rights to the house; for a dwelling once occupied by a leper is considered no more habitable by any respectable person—such is the universal dread of the contagion of leprosy.

“Adjoining this property, there was another large piece of ground, which was considered a splendid site for a new hospital. With the approval of the municipal authorities, he bought up the plot of ground and set to work on it without delay. By the end of February, 1892, the two houses, in which our lepers were to live hereafter under the immediate direction of Father Müller, were ready to receive their inmates, and on the first of March the shifting took place. Here they are much better off as regards accommodation, the extent of the premises, purity of the atmosphere and healthy surroundings. We cannot but rejoice with our lepers at this improvement of their material condition; but it is a joy not unmixed with sorrow, for it has been the cause of their separation from us. True it is that the very sight of some newcomers is revolting and that their wretchedness causes one instinctively to shrink from them, but we have always found that under that loathsome exterior there were often hearts capable of tender feelings and noble sentiments. We have, however, the good fortune of still being entrusted with the spiritual care of

their souls. The Jesuit scholastics continue teaching them the Christian doctrine. This is due to the kindness of Father Müller, whose sphere of utility is so widening every day as to preclude the possibility of his attending to any other duties but those immediately connected with his present important undertakings."

AT MANDALAY.

It is now five years since Father Wehinger, following the example of Father Damien, consecrated his life to the service of the lepers. The scene of the labors of this heroic French priest, however, is not a lonely island in the Pacific, but a crowded hospital in Mandalay. By small grants from the Government and the gifts of charitable persons in Burma he has been able to undertake the care of 150 lepers. Father Wehinger is happily not alone in his terrible work. Father Martin and a French nursing sister, helped by two Burmese female converts, have associated themselves, for him and for the love of God, to minister to the sufferers. But to overtake the need efforts on a larger scale are necessary, and Father Wehinger has gone to England to ask for help.

"It is," he says, "to ensure the permanency of this work, we have begun to increase its efficiency, to enlarge its field of operation, that I come seeking funds in Europe, that I appeal to the English people. To them, above all, I appeal; for in assuming the government of Burma with it they assumed the care of all sections of its population. And among these the lepers, alas! for very numbers sake, cannot

be forgotten. Incredible though it may sound, competent authorities estimate them at thirty thousand, and by none are they put at less than eighteen. But mere numbers apart, which of all the sections of the people of Burma has needs so generally acknowledged, or, by its misery, can more effectually urge them than do these lepers—who, moreover, are no less the children of the Queen-Empress than any of the afflicted dwelling nearer home, whose needs being better known, are never forgotten? For this reason, with especial confidence, I address myself to all in this country ; nor do I come without encouragement. Gratefully do I acknowledge that my chief help in Burma has come from English hands and English purses. Still, this help has been, and must be insufficient ; for resources in Burma are narrow and the rich are few. Arrived in England, however, I stand at a disadvantage. In Burma the lepers' cause and the leper asylum, familiar to all, plead for themselves ; here these are unknown, and myself a stranger." An influential committee, which includes the Duke of Norfolk, Lord Ripon, Lord Dufferin, Lord Roberts and the Lord Mayor, has been formed to promote the success of Father Wehinger's appeal.

CHAPTER IX.

IN LOUISIANA.

Four daughters of St. Vincent de Paul are in charge of the "Leper Colony," at Indian Camp, near White Castle, Louisiana: Sister Beatrice, the superior, who came from Lowell, Mass., where she had been in charge of a hospital for 22 years; Sister Anne, who had been for 10 years in the wards of the New Orleans Charity Hospital, and Sister Cyril and Sister Mary Thomas, who came from La Salle, Illinois. The "New Orleans Picayune", under date of April 17, 1896, gives such a touching description of their departure that I give portions of the article in these pages.

"Bound for the leper land!"

"There was a pause in the busy rush on the levee, men gathered in hushed groups on the river bank, and every hat was doffed as four dark-robed women made their way through the expectant throng to the landing of the Paul Tulane.

"Who were they? Ah! who can tell the identity of the Sisters of Charity—those sweet, soft-voiced women who move along the rough paths of the world, making no louder noise than the rustle of an angel's wings, with the light of heaven in their eyes and the touch of the unseen world in their gentle hands.

"And these four nuns? They were heroines, every

one of them, albeit they went so quietly on their way yesterday afternoon, taking up with willing hands and of their own volition a work at which the heart of the strongest man might quail. It was the sunset hour, the last rays lit up with an aureole of splendor the big ships lying at their moorings, as the little group of nuns swiftly stepped over the plankway of the Paul Tulane, and again were heard in hushed whispers the words which sealed their fate, 'They are bound for leper land.'

"Presently the four nuns were joined by Sister Agnes, the veteran superioress of the corps of charity hospital nurses, and Sister Mary Jane, the equally heroic directress of the Louisiana Retreat.

"And in this trio of forces was at once represented the most exalted and self-sacrificing devotion of the Daughters of St. Vincent de Paul—the care of the sick and insane and the outcast ones of the earth. Since its organization the Sisters of Charity have had the care of the New Orleans Charity Hospital and the retreat for the insane; to these self-appointed duties they have now taken up the care of the lepers, those unhappy, God-forsaken people, whose pitiable and unfortunate condition some four years ago, as first revealed by the Picayune, roused the indignation of the entire community and brought forth the reforms in the leper management which have redounded so much to the betterment of the condition of these suffering outcast ones, and which culminated yesterday in the fruition of a cherished hope—the placing of the lepers under the kind and watchful care of the Sisters of Charity.

“Then as the hour drew nigh for the departure of the steamer, with a full consciousness of the difficulties and pains, deprivations and dangers of the life to which they had pledged themselves, they boarded the vessel, and here the Picayune reporter met them, and almost the first words put to their brave leader, Sister Beatrice, were these:

“‘Is there no feeling of hesitancy, now that the critical moment has arrived and you must leave all those associations which time has made so dear, to take up your life among a sad, desolate and outcast people? Do you feel no fear?’

“‘Hesitancy?’ she inquired, with an heroic challenge in her soft eyes. ‘Why should a Sister of Charity hesitate? Are we not pledged to a life of self-sacrifice and devotion to humanity? And associations? Dearer ties were broken long ago to follow the voice that called from within to higher things—and’—she faltered, ‘you spoke of the sad and desolate? An experience of twenty-two years in a charity hospital has brought me face to face with so much sorrow, so much suffering, that I think even in a leper land no deeper chords of human woe could be sounded. And fear?—fear,’ she smiled, ‘why should we fear? Is not God watching over the leper home, and will He not take care of His children—we and they, for they are our brothers—we are children of a common Father.’

“‘They!’ there was a world of meaning in the word; it brought up the picture of loathsome diseased beings whom the world had shunned, and whom, for fear of contagion, the law confines to a common iso-

lated home. And thither these brave women were going—without a fear, without one tear of regret—and they lovingly called them ‘brothers.’ That word struck the keynote of the line of duty they had laid down for themselves. With such sentiments animating their hearts, we who have worked and prayed for the amelioration of the lepers’ condition may rest secure they are in safe and trusted hands, and loving hearts have assumed this trust as a call from above. And so it was as the reporter went from sister to sister; every face wore a smile, every lip echoed a joyous note; one would have thought they were going to a pleasant reunion of home and friends, so happy did they seem. And those from the various houses of the Sisters of Charity in New Orleans who had come to bid them good-bye had only one regret—that they were not going too—for when the cry went up that the Sisters of Charity be asked to take charge of the lepers, from every community came the volunteer answer: ‘I am ready and anxious to go.’ Those who were finally chosen were looked upon by their sisters as privileged beings, for the more painful and difficult the mission the more it is sought and prized by these women who left all to follow Christ.

“Mr. Joseph Reynes, Secretary of the Board of the Lepers’ Hospital, and Mr. Phelps, of the Board of Directors, were present to see the sisters off. Mr. Phelps was very enthusiastic at the consummation of a much-cherished plan. ‘We will do better work now, and it will not be long before we will have gathered in all the lepers scattered throughout the State. There are at least one hundred lepers in Louisiana—some hiding

away where the law cannot find them. We have thirty-one in the Indian camp; as soon as it becomes known that the Sisters of Charity are actually there, the others roaming at large will take confidence and come into our retreat. The very name of the Sisters of Charity implies confidence—and that is what we need in our work. The board alone could not inspire this. The Sisters of Charity can. We rejoice at our success in getting such able members of the order. The sisters will be in entire control in the household management, and everything except prescribing for the patients, for, of course, the resident physician must attend to this. No! there is no danger of their contracting the disease except by inoculation. But it requires heroism to go, and the sisters have that—the work requires love and devotion almost superhuman, and the sisters have that, too. The board is delighted, and in a short time we intend to go before the Legislature for a greater appropriation, and will have the best kept leper home in the country. The sisters will help the board to accomplish this.’

“At this juncture a large delegation of gentlemen boarded the vessel and respectfully approached the sisters.

“‘Oh, they are members of the press, I suppose,’ said Sister Beatrice.

“‘No, sister,’ answered one, who for the moment acted as spokesman for the delegation. ‘We are only a delegation of lay Catholic gentlemen, and we have come to bid you God-speed in your mission.’

“‘Thank you,’ answered the sister, deeply touched, and then Sister Agnes and Sister Mary Jane, of the

Charity Hospital and Louisiana Retreat, respectively, came forward and presented the gentlemen to the departing nuns. The delegation was largely composed of members of the Society of St. Vincent de Paul and the Society of the Holy Spirit and other prominent laymen.

“And then the gong sounded, the gentlemen withdrew, and quietly took up their position on the wharf at the vessel’s moorings. The delegation of nuns who had come to bid God-speed to their sisters said to each in turn as they pressed their hands, perhaps for the last time, ‘Good-bye. God bless you.’ And even then in this last leave-taking there was no shrinking, no hesitancy; they had taken up the work, they would follow it to the end. Sister Agnes and Sister Mary Jane remained on board to accompany the sisters to their new home and see them installed. The other sisters descended the stairway and took up their places on the landing to watch the vessel steer away. And then the last bell sounded, the ropes were hauled in; and the Paul Tulane started toward its destination. With uncovered heads, silently, reverently, the men ashore looked upward at the little band of Sisters of Charity. They stood on the deck waving their handkerchiefs smilingly at their sister group, who looked with prayerful hearts, perhaps for the last time, upon their retreating figures. Then a waving of hats and handkerchiefs went up from the gentlemen. It was something of the tribute that a hero receives when he goes forth with deathless courage to battle to the end, and wrest victory in a cause that is all but lost. And were they not heroines, those wo-

men that were going forth to battle in a hopeless land? And the evening Angelus rung, while far in the east gleamed the last lingering ray of the setting sun. It rested like a parting benediction on the little band of Sisters of Charity, and the last glimpse of them was the smile on their faces as they turned their eyes toward the leper land.

“Coming down Canal street, wrapped in many thoughts, the reporter met Archbishop Janssens.

“‘Well, I have seen the Sisters of Charity departing for the leper settlement. Are they not heroines?’ said the reporter.

“‘From your standpoint, yes,’ said the archbishop. ‘But not from the standpoint of the Sister of Charity. The great act of heroism for her is when she makes her vows; what follows afterward is merely the natural consequence of those vows of obedience and self-sacrifice. These sisters who are going to the leper settlement would disclaim the title of heroine; they are working for the love of God. They see no heroism in the self-sacrifice and devotion which they have made the rule of their lives.’

CONCLUSION.

Just as I am closing these pages, the following telegram appears in the columns of the daily press :

LEPROSY IN MONTREAL.

“MONTREAL, Sept. 30.—Leprosy in its worst form exists in Montreal. Lee Tung, a Chinaman, who died of a mysterious illness, has been found to have been a victim of it. An inspection of all Chinese boarding and lodging houses and stores has been ordered.”

Similar telegrams appear now and then which conclusively proves that leprosy is not some disease of past ages or one that only thrives in far-away lands, but is a dread, mysterious, loathsome monster, of whose origin little is known, whose deadly grip science has never yet been able to more than loosen for a moment, but which has always afterward tightened with a closeness which neither wit nor power nor device of man has ever been able to relax, and where shall the victims turn for help when stricken with this “curse of God?” They must watch their life slowly ebbing away, their bodies wasting away, piece by piece, joint by joint, shunned by all, revolting to sight and smell, from whom men fly in pitying horror, whose very shadow is avoided, whose name is unclean ! unclean ! their lot is the most awful that

can be conceived. Of this world, yet denied association with all but lepers like themselves, what an awful curse? But lo! Christ's charity is not dead—He lives again in the person of his sons and daughters, and the Gospel is fulfilled that the lepers are cleansed—washed as to their bodily sores, purified as to their souls with the sacraments of the Church. Father Damien is dead, the sisters die one by one, and yet the work goes on, the ranks fill up, recruited from the great army of Christian soldiers onward marching. Men and women die, priests, brothers and sisters die, but as long as leprosy exists, God's charity will touch with its coal of fire the hearts of men and women, and they will nurse and console and watch and clean and wash and bandage the lepers, whether it be amid the islands of the balmy South Sea, where the Pacific woos to sleep, or amid the Indies, where the odor of lemon and orange and date refresh, or amid the ice-bound coasts of Iceland and New Brunswick, where dread winter holds perpetual sway.

A.M.D.G.

